

CRED-PRO Child Rights Curriculum for Health Professionals

Developed and modified from the original curriculum of the
American Academy of Pediatrics and the Royal College of Paediatrics and Child Health
to include lessons learned in its application





**International Institute
For Child Rights and Development (IICRD)**

Centre for Global Studies

University of Victoria

PO Box 1700, Victoria, British Columbia, Canada V8W 2Y2

Email: iicrd@uvic.ca

Web: www.iicrd.org

Phone: 250.472.4762

Since 1994, the International Institute for Child Rights and Development (IICRD) has been advancing the quality of life and development of vulnerable children through innovative education, research, and technical assistance that draw on the strengths of children, their families, communities and cultures. As a non-profit organization based at the Centre for Global Studies at the University of Victoria, IICRD establishes partnerships to bridge the gaps in vulnerable children's healthy development. Through the lens of the UN Convention on the Rights of the Child, IICRD:

1. Fosters Resilience to Protect Vulnerable Children
2. Supports Child Participation and Children as Agents of Positive Change
3. Draws on the Strengths of Cultural Teachings to Support Vulnerable Children
4. Introduces Tools for Change to Create a Culture of Children's Rights

CRED-PRO Child Rights Curriculum for Health Professionals

© 2008 International Institute for Child Rights and Development. All rights reserved worldwide.

Many Thanks!

The development of this curriculum is part of IICRD's Child Rights Education for Professionals Project (CRED-PRO) and builds on the original curriculum of the American Academy of Pediatrics and the Royal College of Paediatrics and Child Health: Interface Between Child Rights and Health, authored by Gerison Lansdown, Jeff Goldhagen and Tony Waterson, and incorporates lessons learned from its application across the globe.

We extend our sincere thanks to the Oak Foundation for funding the development of this curriculum. We also extend our appreciation to all the people who kindly contributed their time and expertise towards its creation including Gerison Lansdown, Jeff Goldhagen, Tony Waterson, Philip Cook, Michele Cook, Natasha Blanchet-Cohen, Raul Mercer, William White, Karina Cimmino, and our partners: the UN Committee on the Rights of the Child, UNICEF, WHO, PAHO, ALAPE, UNESCO, American Academy of Pediatrics (AAP), The Royal College of Paediatrics, Child Health (RCPCH), The European Society of Social Paediatrics (ESSOP), FLASCO, ISPCAN, Education International, International School Psychologists Association, International Early Child Education Association, and Save the Children. We also extend our special thanks to the IICRD core team, and the young people whose rights we aim to further respect and realize.

Authors/Editors: Gerison Lansdown, Cheryl Heykoop & Stuart Hart

CONTENTS

Introduction: Child Rights and Child Health.....	4
Module 1: The Child: Development Needs & Rights.....	10
1.1 Understanding childhood and child development.....	16
1.2 Needs, Potentials, and Rights of Children.....	18
1.3 The relationship between rights and needs.....	19
1.4 Child Rights Ecology Model.....	20
Module 2: The United Nations Convention on the Rights of the Child: Foundation for a Child Rights Approach.....	26
2.1 Overview of the UN Convention on the Rights of the Child.....	32
2.2 General principles in the Convention.....	33
2.3 The inter-connected and indivisible nature of rights.....	35
2.4 Differences between adult and children's rights.....	36
2.5 Obligations to implement the Convention.....	36
2.6 Common questions asked about children's rights.....	38
2.7 Barriers to overcome in the realisation of children's rights.....	41
2.8 Systems change: implementing child rights in practice.....	43
Module 3: Respecting Child Rights in Practice: The Individual Professional	52
3.1 The Convention and health care practice.....	61
3.2 Respecting the child as an active participant in the exercise of rights	61
3.4 Addressing challenges in respecting children's rights.....	66
3.3 Respecting the child's right to protection.....	64
3.5 Benefits of respecting children's involvement in their own health care	68
3.6 Practical tools to strengthen child rights in practice	69
Module 4: Respecting Child Rights in Practice: Community Health Systems.....	82
4.1 Understanding the concept of health	90
4.2 Relevant rights in the Convention.....	90
4.3 Developing health services that promote children's rights	91
4.4 Strategies to improve children's rights in community health systems	98
Module 5: The Health Professional as a Child Rights Advocate: Influencing Systems to Respect Child Rights	103
5.1 Understanding the concept of advocacy	108
5.2 The role of the advocate.....	108
5.3 Why advocate for and with children?.....	109
5.4 Advocating for child rights in practice	109
5.5 Practical strategies for advocating for children's rights.....	112

Introduction

Child Rights and Child Health

CRED-PRO Child Rights Curriculum for Health Professionals

Developed and modified from the original curriculum of the American Academy of Pediatrics and the Royal College of Paediatrics and Child Health to include lessons learned in its application



Introduction

Child Rights and Child Health

Introduction

The Convention on the Rights of the Child provides a unique and universal framework which acknowledges children and young people as subjects of rights. Since its adoption by the UN General Assembly in 1989, it has achieved near universal endorsement by governments across the world, indicating a worldwide intention to advance the human rights of children and young people¹. In one comprehensive document, the Convention defines the prerequisites for the health and well being of children, together with the obligations of individuals, parents, communities and governments to introduce the necessary measures to ensure the realization of those rights.

To date, in many countries, ratification of the Convention has been followed up with policies, legislation, services, resources and administrative reform consistent with the rights it embodies. However, although significant steps have been taken, the full realization of those rights is far from being a reality. Throughout the world children and young people continue experience abuse, neglect and exploitation, and are subject to the HIV/AIDS, conflict, natural disasters and other factors which affect their development and also violate opportunities to exercise their rights.

One important dimension in the creation of a culture of respect for children's rights is the provision of training for professionals working with and for children in order to equip them to apply those rights in their professional policies, individual practice, the development and provision of health care services, and in advocacy for children based on their analysis of the causes of childhood morbidity and mortality and consequent implications for their role as professionals. There is little systematic child rights education for professionals in any country, and only limited resources and materials have been developed to facilitate this process. IICRD's Child Rights Education for Professionals program (CRED-PRO) has been established to address this gap, and works as a catalyst to encourage and facilitate both the development and sustained implementation of child rights education programmes for professionals to help realize the rights of all children.

The relevance and importance of children's rights to the health and well being of children and families cannot be overstated. The demography of children and childhood is changing rapidly. The social epidemiology of poverty, the environment toxicity and the marginalization of children have added to the traditional causes of childhood morbidity and mortality. Globalization has forever changed the balance of power and loci of decision making for public policies related to human and community

¹ The UN Convention on the Rights of the Child has been ratified by 193 nations

development. These and other societal transitions demand a new context for conceptualizing the health and well-being of children and childhood. They demand a radical shift in the roles and functions of child health professionals if they and their disciplines are to remain viable and relevant to the health and well-being of children, their families, and societies. The application of a rights-based approach to health provides such a conceptual framework, as well as tangible strategies and skills that can be applied by child health professionals to the delivery of health services and child advocacy

This course, directed at multidisciplinary children's health professionals in training and in practice, examines the relationship between needs and rights, and explores how knowledge of children's rights can promote children's health and development. In so doing, it introduces participants to the UN Convention on the Rights of the Child, its principles, status, scope and implications. It also emphasizes the importance of grounding such training in an understanding of the realities of children, their family, and community, building on the social, economic, psychological, cultural, and spiritual factors that influence their lives and capacity.

Course goals and objectives

The goals of this course are:

- To provide insight and understanding of the relevance and importance of the principles of human rights and the UN Convention on the Rights of the Child to the health and well being of children and families
- To train child health professionals to apply these principles to the practice of Pediatrics and child advocacy.

The course objectives are:

- To raise awareness of the Convention on the Rights of the Child among child health professionals and its relevance to the health and well being of children and families
- To increase understanding of the application of children's rights to health, health care, public policy, child advocacy and health care practice
- To increase understanding about the importance of cultural context in the implementation of child rights in community health policies, practices and advocacy work
- To provide insight into how public policy and health care practice can be improved to promote greater respect for the rights defined in the Convention
- To raise awareness of the relationship between public policy and the rights of children
- To encourage a commitment by child health professionals to the development of an advocacy role in respect of children's rights

The course addresses the implications of children's rights for the continuum of child health practice. From individual day-to-day relationships between health professionals and children and families, to the development of relevant public policy on the local,

national and international levels, this course will seek to introduce the knowledge, perspective and skills required to improve the health and well being of children by respecting their human rights.

Curriculum Structure

The curriculum is organized into 5 modules:

Module 1 The child: development, needs and rights - addresses the relationship between child's development, needs, potentials and rights

Module 2 UN Convention on the Rights of the Child: foundation for a child rights approach - introduces the CRC and a strength-based culturally grounded developmental approach to realize the rights of children.

Module 3 Respecting children's rights in health care practice - considers the individual health practitioner and the role s/he can play. It examines current practices, identifies strengths and weaknesses and associated opportunities to effect change.

Module 4 Respecting children's rights in community health systems - examines the role of the health practitioner within community health systems. It considers existing practices and policies, and seeks to identify strategies to build on existing strengths to further realize child rights.

Module 5 The health professional as advocate - looks at the social determinants of health, and the role of the health practitioner as an advocate in creating an environment conducive to respect for the rights and well being of children

Each module follows a similar sequence. *Learning Objectives* are stated first for the content of the Module. The *Content* for the Module is then introduced and summarized. The *Activity and Discussion* section follows, in which at least one learning activity is focused around questions that are intended to stimulate learners' thinking, and/or possibilities for application, whether in group discussion or as self-study. Discussion and commentary related to the activity follows each activity to provide context and breadth to the ideas and discussion stimulated by the Activity. The *Conclusion* section succinctly summarizes the Module's key elements.

Key Readings are appended to each Module to provide interested learners with a more in-depth understanding of the principles introduced in the Module. It is highly recommended that this material be read by learners (preferably before the session) and that facilitators of group discussions introduce and use this material. The Readings also include examples and/or elaborations of specific ideas or questions commonly asked about the CRC.

Optional Handouts that summarize the important principles in the Module are included at the end of each Module. *Power Point* slide presentations that can be used in their

entirety, or selected to meet the requirements of individual learners or groups of learners follow the Handout Section.

The learning process will be greatly enriched by presenting the Modules to groups of professionals) as workshops, wherein discussion activities are led by a skilled facilitator who is familiar with the content of the Convention and the principles, of children's rights.

Developing the curriculum

It is our hope and intent that this Curriculum will evolve with the expansion and advance in understanding of the relationship between children's rights and children's health. It is also important to note that while the current curriculum educates adults about how to respect child rights in practice, to facilitate sustainable systems change requires active engagement with young people and their communities: How do they view the health care system? What works well and what could be changed? How can this be achieved? What is their role? Explorations of this manner will have a multitude of benefits including, among others: improved services and systems to support children; enhanced dialogue and discussion between children and adults; enhanced recognition of children's agency and capacity; greater appreciation of community strengths, and improved child-adult partnerships.

We would like to engage as many learners as possible in the course and evaluation. Although no permission or registration is currently required to use the material, the feedback of those who use the Curriculum would be greatly appreciated. Thank you in advance for your commitment to the health and well being of children and families. We are departing on a journey that will fundamentally change how we perceive, understand and relate to children, childhood and families. Your participation in the development, implementation and evaluation of this course will contribute much to our understanding of children's rights and child health.

Introduction to the course on the United Nations Convention On Rights of the Child

Aims of the Course

- To raise awareness of the Convention on the Rights of the Child among child health professionals and its relevance to the health and well being of children and families
- To increase understanding of the application of children's rights to health, health care, public policy, child advocacy and health care practice
- To increase understanding about the importance of cultural context in the implementation of child rights in community health policies, practices and advocacy work
- To provide insight into how public policy and professional practice can be improved to promote greater respect for the rights defined in the Convention
- To raise awareness of the relationship between public policy and the rights of children
- To encourage a commitment by child health professionals to the development of an advocacy role in respect of children's rights

Rationale for the Course

- All children have needs. The Convention on the Rights of the Child Convention establishes international recognition that children have a right to have these needs met.
- The Convention provides a comprehensive framework of rights that will facilitate a holistic approach to promoting the well being of children.
- Children's health and development is best promoted by the fulfillment of all their needs. Respect for all the rights embodied in the Convention will help achieve this goal.
- The Convention is legally binding and imposes obligations on governments to respect children's rights.

Structure of the Course

Module 1: The Child: Development, Needs and Rights

Module 2: UN Convention on the Rights of the Child: Foundation for a Child Rights Approach

Module 3: Respecting Children's Rights in Health Care Practice

Module 4: Respecting Children's Rights in Community Health Systems

Module 5: The Health Professional as Advocate

Module 1

The Child: Development, Needs & Rights

CRED-PRO Child Rights Curriculum for Health Professionals

**Developed and modified from the original curriculum of the
American Academy of Pediatrics and the Royal College of Paediatrics and Child Health
to include lessons learned in its application**



Module 1

The Child: Development, Needs & Rights

Learning Objectives

1. To understand the concepts of childhood and child development;
2. To understand the needs of children;
3. To understand the relationship between a child's needs and his/her rights;
4. To understand the important roles adults, families, communities, institutions, governments, and child health professionals play in protecting and supporting the fulfillment of children's rights.

Content of Module 1

The module begins by introducing the concepts of childhood and child development, followed by an exploration of children's universal needs and potentials. Needs are then related to the international standards outlined in the UN Convention of the Rights of the Child (the Convention)². The module explores why these rights are important in promoting the optimal health and development of all children in all societies, together with the important roles that adults, families, communities, institutions governments and children themselves play in protecting and supporting the fulfillment of those rights.

Activities and discussion

The following two Activities are designed to help you develop an understanding of the "universal needs of children," and their relationship to children's rights. The material that follows each of the activities will encourage you to think about ideas that are different from the way you have previously conceptualized children's needs.

Activity 1.1

Activity 1.1 focuses on the development of an understanding of the needs of children to ensure their optimal health and well being.

² The UN Convention on the Rights of the Child was adopted by UN General Assembly on 20 November 1989, and entered into force on 2 September 1990. To view the Convention in its entirety, see the appendix or <http://www.crin.org/docs/resources/treaties/uncrc.asp>. To view a summary of the Convention also see the appendix.

Activity 1.1

Create a List of Children's Needs

Objective

To gain an understanding of the range of children's needs

Instructions

For each of the four broad domains below identify what a child needs in order to fulfill his or her full potential for health and well-being:

- Physical needs
- Social and cultural needs
- Psychological needs (including intellectual, emotional, and volitional needs)
- Spiritual needs

How would you define lower and upper age limits of childhood as they relate to the children's needs you identified?

Approach this task in general terms. It is not necessary to define the exact detail of the needs that you are describing.

Discussion on activity 1.1

Children's needs define the prerequisites for their optimal growth, development, health and well being. Handout 1.1 provides a suggested framework for considering and categorizing children's needs.

Activity 1.2

Activity 1.2 moves the discussion from listing and categorizing needs to develop an understanding of the characteristics of these needs and their relationship with rights.

Activity 1.2

Discuss the Characteristics of Children's Needs

Objective:

To build an understanding of the relationship between needs and rights

Instructions

Respond to these questions, in relation to children in your practice, your community, nation and the world.

1. Which needs apply to all aspects of a child's development?
2. What inter-relationships exist between different needs?

3. How do children's needs change at different stages of their development? What influences children's capacities as they grow up?
4. Do these needs extend to all children in all societies, irrespective of the country's wealth or stage of development?
5. What is the relationship between needs and rights?

Discussion on activity 1.2

The following responses to the questions posed in Activity 1.2 may stimulate further thinking and/or discussion related to the characteristics of children's needs.

1. Which needs apply to all aspects of a child's development?

Shelter is a physical need, but it does not fulfill psychological needs (intellectual, emotional and volitional needs), whereas education is needed for fulfillment of social and cultural needs, AND for the satisfaction of psychological needs. Is there a set of fundamental needs that are essential for the well being of children, as differentiated from more "trivial" needs of children?

2. What inter-relationships exist between needs?

A child's need for health care will be influenced by whether or not s/he has access to an adequate standard of living. A child's mental health and well-being will be influenced by access to a secure family life; by understanding and respect for his or her identity and culture; and by being listened to and taken seriously; as well as by access to appropriate mental health services.

3. How do the needs of children change through their various stages of development?

Privacy and respect for confidentiality are issues that are of increasing concern for older children, as is respect for their increased capacity for decision-making. However, physical needs endure throughout childhood, as do needs for protection from violence and discrimination. Children's evolving capacities do not take place at pre-determined or specific ages. Children's talents, their environments, the level of support they are given, opportunities for active engagement, as well as cultural expectations will all influence their capacities for decision-making and taking responsibility for their needs.

4. Do these needs extend to children in all societies, irrespective of wealth or stages of development?

These needs are universal to the health and well being of all children, whether or not they are all currently being met in the US, UK and in other developed countries, as well as in developing countries around the world.

5. What is the relationship between needs and rights

Children's youth, vulnerability and lack of power mean that they are dependent on the adult world to ensure that their needs are met. This places obligations on adults to create the necessary conditions that will ensure this happens. This

obligation extends not only to the fulfillment of needs for individual children, such as family life, access to health care or education, but also the consideration of public policies that potentially influence children's health and development – housing, transport, environment, macroeconomics and poverty. **Acceptance of the premise that adults have responsibilities or obligations to meet children's needs is de facto acceptance that children are entitled to have their needs met. In other words, children have rights.** These rights have been codified into the UN Convention on the Rights of the Child (discussed in detail in Module 2)

Activity 1.3

Activity 1.3 explores in more detail the concept of a child rights ecology – in other words, the different factors and systems that influence the realisation of children's rights at all levels of society. Use handout 1.2 for this activity.

Activity 1.3 Child rights ecology in practice

Objective:

To identify the circles of influence on children and to examine their respective roles and responsibilities for children's rights, wellbeing and development.

Instructions:

Review the diagram of the child rights ecology in Handout 1.2. The precise structure of the Child Rights Ecology will depend on the individual country, the child's socio-cultural environment within it, and how the child interacts with and is situated within each system. Considering your country context, sketch out how children's wellbeing and development is promoted within each system below:

- Government
- Family
- Community
- Civil Society

Discussion on activity 1.3

The following points may be explored in the activity:

Government - does the government give a high priority to children in its policies? Does a commitment to promoting the best interests of children inform government policy? Does it engage/consult with the other systems in building a positive environment for children? Does it support parents and communities to promote children's well-being?

Family – do families generally promote the best interests of children? What are the strengths/weaknesses within prevailing cultural family practices which enhance/inhibit

children's development, (e.g. attitudes towards girls, children with disabilities, physical punishment, health and safety, education)? Do families have the resources and support needed to care adequately for their children? Does the wider family provide a supportive role? Do both mothers and fathers play an active part in child care and development?

Community – is there a strong community to support the role of parents? What role does the community play in children's lives? What is the role of community and religious leaders in children's lives?

Civil society - does civil society play an active role in supporting children, providing services or advocating for children's rights and well-being? How do children relate to civil society organisations? Are they actively involved in those organisations themselves? What responsibilities does civil society take for the well-being of children?

Conclusion

The needs of children form the basis for a universal set of standards by which all children should be treated in order for them to achieve their full potential for health and development. The Convention on the Rights of the Child codifies these needs and acknowledges them as human rights which all children are entitled to have fulfilled. Children's rights cannot be realized unless adults with responsibilities for children take the necessary action to make them a reality. Accordingly, the Convention places responsibilities on governments and other adults to take all necessary action to ensure the realization of all rights for all children. In summary:

- All children have rights that emanate from their humanity. In addition, all children have basic universal needs.
- These needs form a basic set of common standards necessary for optimal health and development.
- Children are entitled to be treated according to these common standards.
- These standards impose obligations on adults to ensure their fulfillment.
- A commitment to fulfilling these obligations creates rights for children to have their needs met.
- These rights have been codified into an international human rights treaty, the UN Convention on the Rights of the Child, which introduces obligations on governments, and other responsible adults and agencies, to protect and promote the rights of children necessary to fulfill their needs.

Key reading for Module 1

1.1 Understanding childhood and child development

In order to work with children, it is important to understand what we mean by childhood. In fact, it is a more complex issue than is commonly recognised.

The understanding of childhood varies significantly around the world. No universal consensus can be found as to what children need for their optimum development, what environments best provide for those needs, and what form and level of protection is appropriate for children at a specific age. Indeed, there is no agreement on the nature of childhood, when children become adults, or the goals that families aspire for their children.

Marta Santos Pais

There is no universal definition of childhood. Yet many assumptions exist about what childhood is, how children develop, and the presumed capabilities and capacities of children. Traditional stage theories, which understood child development as a series of discrete stages each associated with an approximate age range, have tended to influence how we understand development through childhood. These theories, although now increasingly being challenged, continue to influence our thinking. There continue to be five significant assumptions about childhood deriving from these theories³.

- **Child development is a universal process** - all children develop along the same trajectory or path towards adulthood and implies that a set of 'rules' are followed throughout the process of child development. Differentiating factors such as cultural, temporal, contextual and individual are largely ignored.
- **Adulthood has normative status** - once a child reaches adulthood s/he has full human status. Until adulthood, the child is considered to be in a state of immaturity characterized by irrationality, incompetence, weakness, naivety, and innocence. In other words, everything a child does is basically a preparation for adulthood. Childhood is not valued for and of itself, only as a developmental process.
- **Goals of child development are universal** - all cultures have the same ultimate goals for development. Yet in reality, different cultures have significantly different aspirations for their children, and these differences influence the goals for their development. For instance, in most Western societies, the ultimate goals for development include the attainment of personal, social, and political autonomy, independence and self-sufficiency, whereas in many other cultures, interdependence and integration are more highly valued. The goals of development also differ within community contexts and cultures, whereby education may be emphasized for a boy-child living in a middle class family, and marriage and

³ Adapted from Lansdown, G. The Evolving Capacities of the Child, UNICEF, Florence, 2005, p 10-13, originally amended from Boyden, J., B. Ling and W. Myers. What Works for Working Children, Radda Barnen/UNICEF, Florence, 1998.

employment may be considered to be of high priority for a girl-child from an impoverished circumstance, or one where girl education is not highly valued.

- **Deviations from the norm indicates risk for the child** – there are assumptions about what constitutes normal behaviour and activity at each stage of development and any deviations from these normal behaviours are deemed to be potentially harmful for the child. These assumptions are largely drawn from a Western model of childhood, and fail to reflect the differences and realities of childhood experience in other cultural environments. It assumes, for example, that all forms of work are harmful for young children, thus effectively pathologising the many millions of children for whom work is a necessity, or indeed, recognising the potential benefits for children associated with work. .
- **Children are passive players** – childhood is seen to be a process of acquisition of competencies and skills according to pre-determined biological or psychological forces. It fails to acknowledge the extent to which children have agency to influence their own lives and development, and can make an active contribution to their social environments.

Many of these assumptions of childhood feed into a standard or universal model of childhood where “*childhood is a period of time for nurturing, care, play and learning in the family and the school, and free from the demands of responsibility or employment. However, this is not the reality for many millions of children throughout the world.*”⁴ A growing critique of this universal, western-centric view of childhood and child development has evolved in recent years, replacing it with cultural theories which understand childhood as a cultural process, deeply rooted in the social, economic and culture contexts of the child and the various systems that influence and are influenced by the child’s life⁵.

Within these approaches, three key elements within children’s environments are seen to be influential to their development⁶:

- **Context:** the physical and social settings children inhabit - the family, peers, social patterns and the organization of their daily lives
- **Culture:** the culturally regulated customs and child-rearing practices - arrangements for care and education, attitudes towards play, training and discipline
- **Social Constructions:** the interpretation of childhood and development from the perspective of the child’s parents and other influential adults in their lives - goals and priorities for the development of children and views on how these can be achieved

An additional, critical factor contributing to the development of the child is the acknowledgement of children as active contributors in their own development and in the development of society. Children are not simply recipients of adult protection, but are

⁴ Lansdown, G. p. 10.

⁵ Woodhead M, Reconstructing developmental psychology: Some first steps, *Children and Society*, 1999, Vol 13, p3-19

⁶ Super C and Harkness S, Cultural perspectives on child development , in *Cultural perspectives on child development*, Wagner D and Stevenson H (eds) W H freeman, San Francisco, 1982, pp 172-198

social actors who demonstrate capacity to be involved. Children should be active participants and partners in actions and decisions affecting them and their lives.⁷

Thus based on the above reflections, child development is:

- Dynamic, Interrelated and continuous;
- Influenced by a wide variety of internal (physical, psychological, socio-cultural and spiritual)⁸ and external (family, peers, community, society, government, environment, and culture) factors and contexts;
- Highly dependent upon and influenced by the child's individual capacities, context and culture, and his/her active involvement and partnership in decisions affecting his/her life.

1.2 Needs, Potentials, and Rights of Children

The ultimate aim of development is to promote and enhance the health, well-being and capacities of children. This requires that certain needs of children are supported and fulfilled, both in terms of their well being at the present time and in terms of their future potentials. Potentials are the possibilities for a person's further growth and development in both a general sense and in areas of special talents and gifts. These can be common to all children, for example fulfilling the potential to grow taller, stronger; to understand oral and written communication, or can be individualistic and unique to the child, for example, realization of artistic talent, creative intellect, and/or interpersonal acuity⁹. Realizing potentials is in itself a human need.

For our consideration, needs can be grouped into four broad categories:

- **Physical needs:** shelter, health care, water and sanitation, protection from environmental pollution, adequate food, adequate clothing, and protection from violence, exploitation and abuse, exercise for strength-endurance-coordination, opportunities for development of athletic potentials
- **Social, economic and cultural needs:** knowledge of and respect for one's own language, religion and culture, stable social and economic environment, access to appropriate guidance and support, access to quality education, play and friendships, freedom from discrimination and prejudice, meaningful empowering work, and opportunities for service

⁷ The notion of child participation will be reviewed in greater detail in further modules, yet the recognition that children are social actors cannot be understated. They must be involved.

⁸ In Garbarino, J. (1999). *Lost boys*. (NY: Free Press), Garbarino indicates that psychological, social and spiritual anchors are essential to healthy development and overcoming adversity. Spiritual rights are explicitly mentioned in the CRC and include the right to freedom from discrimination in respect of status or beliefs; the right to freedom of thought, conscience and religion.

⁹ Genuine respect for human dignity brings the additional expectation to support the development of the unique potentials of each person and, thereby, to fulfill the need of all persons to be true to their selves and the special added value they bring to life (e.g., realization of artistic talent, creative intellect, and/or interpersonal acuity). The Convention on the Rights of the Child addresses all these needs and potentials, as exemplified in its articles 5 and 29. For background and further clarification see the work of Maslow, A. (1970). *Motivation and personality*. New York: Harper and Row; Ryan, R. M. & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 1, 68-78; and Sheldon, K.M., Elliot, A.J., Kim, Y., & Kasser, T. (2001). What's satisfying about satisfying events? Comparing ten candidate psychological needs. *Journal of Personality and Social Psychology*, 80, 325-339.

- **Psychological, including Intellectual, emotional, and volitional¹⁰ needs:** a stable and loving family environment, a sense of belonging and identity, age appropriate information, stimulation, and opportunities to be listened to and taken seriously, models for problem solving and critical thinking, a sense of worth, being valued by others, being able to contribute to or positively affect your world, opportunities to make choices and develop cognitive talents and creative potentials.
- **Spiritual needs:** exploration, understanding and appreciation of the nature of life, human kind and the universe -- of what lies beyond time and material world, and the possibilities to connect with the infinite and ultimate.

1.3 The relationship between rights and needs

The conclusions below follow from an understanding of children's needs.

Children's needs are universal. They apply to children in all socio-economic and cultural environments. It does not matter whether a child lives in sub-Saharan Africa, Tajikistan or Sweden, he or she has needs for a stable family life, adequate food, education, and respect for his or her abilities. The way in which needs are met will vary in different cultures and for different children. For example, family structures differ, children start education at different ages, opportunities for play may be more or less formal, the relationship of children to work varies, and disabled children may need additional support, but fulfillment of needs remains essential for optimal health and well being.

The fulfillment of all needs is essential for children's optimal health and development. There is often a tendency to view physical needs as having priority. Clearly at one level, it is true that without food, children will die. However, it is also true that without education or play, children's potential cannot be realized. And, without respect and freedom from discrimination, their psychological and emotional well being will be impaired. Children's needs are mutually inter-dependent: none take precedence over another.

Children cannot fulfill their needs without adult support. Their youth, vulnerability and lack of power mean that they are dependent on the adult world to ensure that their needs are met. This places obligations on adults to create the necessary conditions that will ensure this happens. This obligation extends not only to the fulfillment of needs for individual children, such as family life, access to health care or education, but also the consideration of public policies that potentially impact on children's health and development – housing, transport, environment, macroeconomics and poverty. This means that government policy at all levels must take active and consistent account of children's needs.

Acceptance of the premise that adults have responsibilities or obligations to meet children's needs is de facto acceptance that children are entitled to have their needs met. In other words, children have rights. Needs become rights when they

¹⁰ Volitional needs and potentials refer to abilities and skills to make a conscious choice or decision.

are recognized as imperatives for protection and quality of life and are established as obligations through human rights instruments. In respect of children, these rights have been endorsed and codified by the international community in the UN Convention on the Rights of the Child. They are based on the collective appreciation of the human condition and are universal and applicable to all individuals, contexts and cultures. Rights cannot be revoked or be discriminatory in their application. They all have equal importance and are fundamental to guarantee the health, development, and well-being of the individual. The Convention requires governments to introduce the necessary measures to ensure that these rights are respected for all children. It asserts that: a) they are universal, indivisible and inter-dependent, and b) their fulfillment must be grounded in a commitment to an understanding that children, as subjects of rights, must be respected, listened to and taken seriously in the exercise of their rights.

Needs	Rights
Universal but vary in priority and/or form at any particular time and place	Universal- apply to every child at all times
No obligation or responsibility	Imply obligations and responsibilities
Cannot be demanded	Entitlements which can be demanded

Health professionals tend to prioritize physical needs, yet all needs are important (physical, psychological, social, economic, cultural, and spiritual). Clearly, at one level, it is true that without food, children will die; however without education or play, a child's potential cannot be realized, and without respect and freedom from discrimination their psychological well-being will be impaired. Thus, to maximize the developmental potential of children, needs and fulfillment of potentials must not be considered in isolation, but rather as rights, and holistically, wherein the physical, psychological, social, cultural, and environmental factors interact and interrelate, forming synergies amongst themselves.

1.4 Child Rights Ecology Model

Throughout Module 1 we have repeatedly referred to the contextual factors, both internal and external, that affect, and are influenced by the holistic development of the child and his/her realization of child rights:

- Children's inner world (cognitive, emotional and spiritual)
- Children's outer world (physical, social, behavioural)
- Peers (other children and youth)
- Family
- Community, natural and built environment
- Civil Society, government and non-governmental
- Cultural, social, economic, civic and political

The Child Rights Ecology Model helps to bring this conceptualization to life. It demonstrates how the child contributes to his/her social environment while simultaneously being affected and served by it; thus highlighting the interconnectedness of child development and societal well-being.



Research indicates that **stronger links** between each system of circles result in children having healthier connections through positive relationships with their human and natural environment, which in turn leads to greater resilience and healthier individual and community development outcomes. Conversely, in situations of social and political breakdown in which these supportive and protective mechanisms are eroded or damaged, children's developmental outcomes will be negatively impacted (Jessor, 1993; Shonkoff & Phillips, 2000; Werner & Smith, 1982).

The precise structure of the *Child Rights Ecology* will be determined by the child's socio-cultural environment. Thus representations of family, community, civil society and government will vary for each child in the context of their unique social configuration and their culture. This interpretation also demonstrates how the child contributes to his/her social environment, while also being affected and served by it.

Not only does the Child Ecology Model highlight the various contextual factors that interact with the child and his/her development, it also serves as a guiding framework to help identify how responsible adults can support the holistic development of children and embed child rights in their approaches and practices.

The responsibilities of adults to promote children's rights will be considered in further detail in Module 2.



Optional Handouts



Module One

The child: development, needs and rights

HANDOUT 1.1

A Framework of Children's Needs

(there is significant inter-relationship between these needs and many could therefore be listed under more than one heading)

Physical needs	Social, Economic and Cultural needs	Psychological Needs (Intellectual, Emotional, & Volitional)	Spiritual needs
Shelter	Opportunities for play and friendships	A stable and loving family environment, whether the biological or a substitute family	Exploration and appreciation of the nature of life
Water and sanitation	Access to quality education and stimulation	Access to appropriate guidance and support	Understanding of what lies beyond the immediate world
Protection from environ mental pollution	Stable social and economic environment	Access to age appropriate information	
Adequate food	Knowledge of and respect for own language, religion and culture	Respect for privacy and confidentiality	
Adequate clothing	Access to health care	Recognition of and respect for emerging competencies and opportunities to take growing levels of responsibility	
	Freedom from discrimination	Opportunities to be listened to and respected	
Protection from violence	Opportunities to contribute and acquire responsibility	A sense of belonging and identity	
Protection from exploitation and abuse	Opportunities for meaningful empowering work and service	A sense of worth and being valued by others	
Opportunities for development of physical potentials		Being able to develop cognitive talents and creative potentials	

HANDOUT 1.2

A child rights ecology



HANDOUT 1.3

Key lessons to be drawn from Module One

The needs and rights of children form the basis for a universal set of standards by which all children should be treated in order for them to achieve their full potential for health and development. If there is universal acceptance that common minimum standards apply to the treatment of all children, it follows that children are entitled to have these needs met. In other words they have rights, and adults are obliged to ensure that children's rights are respected. In summary:

- All children have needs that emanate from their humanity. They form a basic set of common standards necessary for optimal health and development.
- Children are entitled to be treated according to these common standards.
- These standards impose obligations on adults to ensure their fulfillment.
- A commitment to fulfilling these obligations creates rights for children to have their needs met.
- **These rights have been codified into an international human rights treaty, the UN Convention on the Rights of the Child, which introduces universally binding obligations on governments to protect and promote the rights of children necessary to fulfill their needs.**

Module 2

The UN Convention on the Rights of the Child: Foundation for a Child Rights Approach

CRED-PRO Child Rights Curriculum for Health Professionals

Developed and modified from the original curriculum of the
American Academy of Pediatrics and the Royal College of Paediatrics and Child Health
to include lessons learned in its application



Module 2

The UN Convention on the Rights of the Child: Foundation for a Child Rights Approach

Learning Objectives

1. To gain awareness, understanding, and appreciation of the UN Convention on the Rights of the Child;
2. To identify and understand the types and categories of rights contained in the Convention, and appreciate its holistic nature;
3. To explore the implementation of child rights in your country through a strength-based lens, examining strengths, weaknesses, gaps, constraints, supporting factors and opportunities to fulfill the rights of all children;
4. To explore obligations of duty bearers and accountability mechanisms to achieve child rights.

Content of Module 2

This module introduces the background, status and content of the Convention on the Rights of the Child. The Convention is central to developing and applying a child rights approach to professional life. It not only identifies children as rights holders born with fundamental freedoms and human rights, but also serves as a foundation to foster the healthy development and well-being of children and their communities. States are the primary duty bearers with responsibilities to uphold the rights of children. However, many other individuals and groups, including health professionals, also have explicit rights and responsibilities towards children¹¹.

The aim of this module is to familiarize you with the Convention's key principles and their universality, indivisibility and interdependence. It introduces a strength-based approach through which to examine the current situation of child rights (considering strengths, gaps, supportive factors, constraints, and opportunities) and devise strategies to help you improve the rights for children through health service practices.

It would be useful for you to review the Convention before participating in this Module. The document can be found at <http://www.unicef.org/> and as an appendix in this curriculum. Handouts 1 and 2 provide an overview of the Convention.

¹¹ Theis, J. in Lansdown G. 2005. Rights based approaches to programming: implications for children. Save the Children Alliance

Activities and discussion

The following activities explore the concept of rights for children and how the right to the best possible health can only be reached by meeting the social, economic, cultural, protective and political and civil rights of children.

Activity 2.1

Activity 2.1 explores the concept of rights for children and what those rights are, and reflects on how different rights are treated in respect of children.

Activity 2.1 Discuss the Current Status of Children's Rights

Objective

To gain an understanding of the concept of children's rights, become familiar with the rights in the Convention on the Rights of the Child and consider their realization within your community and country

Instructions

Having read the Convention, consider as many of these questions as time allows. It would be useful to take notes for use in the next activity.

1. Do you agree that children have rights? If so, identify which 5 rights are most supported and which 5 rights are most violated or neglected for children in your community and country?
2. Are there particular groups of children who are more discriminated against in the exercise of their rights?
3. In light of your list of rights which are more supported or more violated than others, why do you think that might be?
4. How does the concept of the "*best interests of the child*" (CRC Art. 3) inform the work of health professionals?

Discussion on activity 2.1

As you worked through the questions presented in Activity 2.1, a number of issues may have been raised. Please consider the following questions that relate to your consideration of the current status of children's rights in your community.

1. **Is there agreement in your community that children have rights and about the extent to which specific rights are complied with or violated?**

For example, consider the rights of children: a) to protection from all forms of violence, and b) to be listened to and taken seriously realized for some or all children in your community?

2. Is there consensus about the degree to which certain groups of children are discriminated against in the exercise of their rights, such as girls, disabled children or those from minority races or ethnic groups?

3. If rights are not being respected, where does the problem lie?

Is it governments who are breaching those rights? Is it parents? Is it professionals working with children—doctors, teachers, etc? Is the disrespect active or passive? In other words, are children’s rights being breached by default—through lack of awareness or resources, or through active repudiation of those rights? For example, is the life of a child with a disability respected on an equal basis with others? Are certain groups of children excluded from entitlement to education?

4. Are there laws that require professionals to consider the best interests of children?

If not, is it a concept that is implicitly applied with respect to service delivery? Can you think of examples where the principle ought to apply but does not?

Activity 2.2

The aim of Activity 2.2 is to explore the range of impediments to children realizing the best possible health and the potential approaches to overcoming those impediments

Activity 2.2

Promoting the right to the best possible child health

Objective

To apply a child rights ecology to promoting the right to the best possible health

Instructions

1. Identify the gap/barriers to the implementation of the right to the best possible health for any group of children within your community

2. Using the child rights ecology model, identify ways of overcoming each of the barriers.

Discussion on activity 2.2

a) The following are some examples of potential impediments to children’s rights to the best possible health that you may have discussed in the above Activity. How might they be categorized as social, economic, protective and civil and political rights?

- **Lack of information on the part of both parents and children about how to protect children's health.** Examples could include knowledge and the ability to apply it to healthy eating, sexual health and the dangers associated with tobacco and alcohol.
- **The impact of child poverty.** These determinants would include but not be limited to unemployment, poor housing, homelessness, low wages, inadequate social security benefits, and parents having to work excessive hours.
- **Lack of government resources or the failure to direct sufficient resources toward health care.** This would include disparities and lack of availability of and accessibility to health services.
- **Discrimination against certain groups of children.** Examples include: priority by families given to the health of boys or their rejection of a disabled child; direct or indirect health service discrimination toward indigenous and other minorities, toward funding and availability of services in rural areas, and/or refusal or failure to treat disabled children.
- **Politicians' failure to ensure safe environments for children.** Restricting the advertising and sale of products harmful to children, access to pornography, environmental pollution, lack of traffic controls, represent examples of such failures.
- **Resistance to changing attitudes and practices toward children which impair their healthy development.** Physical violence, denial of the child's right to be heard, and children working in harmful environments are examples of attitudes and practices that impact the health and development of children.

b) Overcoming the barriers to the implementation of children's rights to the best possible health might be achieved in the following ways:

- **Identifying the key actors in children's lives and the roles that they play.** How can they be enlisted as partners to address the problem? How can you build on their aspirations for their children to enhance their standard of health, healthy behaviours, and access to health care?
- **Introducing protective legislation.** Such legislation could focus on policies that promote children's rights to:
 - non-discrimination against any group of children,
 - protection from all forms of violence,
 - a minimum age for working and associated protective conditions, and
 - controls on advertising and on environmental pollution.
- **Effective implementation and monitoring of legislation.** Engaging partners at all levels of the child rights ecology to take responsibility for holding governments and others to meet their obligations to children

- **Giving priority to the creation of child-friendly environments.** Collaborating with civil society partners as well as local and national government, in dialogue with children themselves to explore what is needed to create child friendly environments
- **Scrutinizing national budgets to identify whether all possible resources are being directed to promoting children's health and well being**
- **Public information campaigns about safe sex, healthy eating and dangers of smoking.** Involving children in the development of key messages and their delivery for maximum effect amongst communities of children and young people
- **Introducing policies to end or diminish child poverty**

Conclusion

The Convention on the Rights of the Child promotes a philosophy of respect for children. While acknowledging that children are entitled to special protection and care, the Convention also insists that they are entitled to participate, in accord with their age and competence, in the protection and promotion of their own rights. In summary:

- The Convention on the Rights of the Child is a comprehensive treaty encompassing civil and political as well as social, economic and cultural rights
- It is legally binding on all countries that have ratified it. Governments are required under international law to take all necessary measures to implement its provisions. It provides a universal set of standards against which to measure and improve the treatment of children.
- Rights are universal and inter-dependent. They must be implemented in an integrated and holistic way.
- The Convention poses a challenge to traditional approaches to children, which have viewed them as incompetent, passive objects of adult protective care. Instead, it acknowledges children as both capable of and entitled to active participation in decisions that affect their lives.
- Although there are no formal sanctions that can be brought against governments for failing to comply with its provisions, the process of reporting to the Committee on the Rights of the Child is an invaluable mechanism for monitoring how a government is complying. It provides an opportunity for all those involved in children's health and well being to work together toward improving standards.
- Implementation of the rights contained in the Convention would herald a fundamental change in the status of children in all societies in the world and help ensure their optimal health and development.

Key reading for Module 2

2.1 Overview of the UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child (the Convention) is the most widely ratified international human rights instrument in history. It sets out minimum legal and ethical standards as well as aspirations for all state parties with respect to the rights of children. In essence, the Convention is a vision with legal standards.

What is ratification?

Ratification is a process of making a formal commitment, under international law, to implement the principles and standards of the treaty. To date, 193 countries have ratified the Convention or officially committed to it through equivalent means (excluding Somalia and US; the US has signed the Convention indicating the intention to move toward ratification).

The Convention is a broad-ranging treaty that contains some 40 “articles” defining the rights of children. These rights include:

- **Social rights.** The right to life, survival and optimal development, the best possible health and access to health care, education, play, family life unless not in the child’s best interests, alternative care when unable to be looked after by parents, family reunification, promotion of the fullest possible social inclusion for disabled children, and support for parents to enable them to protect their children's rights.
- **Economic rights.** The right to an adequate standard of living for proper development, to benefit from social security, to protection from economic exploitation.
- **Cultural rights.** The right to respect for language, culture and religion, to abolition of any traditional practices likely to be prejudicial to the child’s health.
- **Protective rights.** The right to promotion of the child’s best interests, to protection from sexual exploitation, armed conflict, from harmful drugs, illegal sale and trafficking, abuse and neglect, to rehabilitative care following neglect, etc., exploitation or abuse.
- **Civil and political rights.** The right to be heard and taken seriously, to freedom from discrimination in the exercise of rights on any grounds, to freedom of religion, association and expression, to privacy, to information, to respect for physical and personal integrity and freedom from all forms of violence, torture or other cruel, inhuman or degrading treatment, to respect for due process in the law, recognition of the importance of treating the child with respect within the criminal justice system and respect for the right not to be detained arbitrarily.

Specifically, the Convention:

- Defines a child as a person below the age of 18 or below the age of legal majority if it occurs earlier than 18 (Article 1)
- Applies to all children without discrimination on any grounds (Article 2)
- Identifies children as requiring measures of special protection and support (Articles 19, 20, 21 and 32-39)
- Recognizes the importance of family, community and culture in the upbringing, protection and overall well being of a child (Articles 7, 8, 9, 30)
- Outlines the duties and responsibilities of duty bearers to children, including:
 - The duties and responsibilities of governments/states to give primary consideration to the best interests of children (Article 3)
 - The duties and responsibilities of governments/states to support parents and guardians in their child-rearing responsibilities (Articles 4, 5, 18)
 - The duties and responsibilities of adults, including families, to their children (Article 18)
 - The duties and responsibilities of governments/states to develop services for the care of children (Article 18)
 - The duties and responsibilities of governments to provide adequate resources to support the rights of children, as well as to provide a minimum standard of care for all children (Articles 4, 27)
- Promotes full healthy development and a developmental perspective that reflects the age, ability, and evolving capacities of each child to ensure the child's physical, psychological, social and spiritual rights are met according to the child's developmental level (Articles 5, 14, 18, 29)
- Promotes a philosophy of dignity and respect for children, challenging traditional views of children as passive recipients of care and protection (Articles 5, 12 – 17)

2.2 General principles in the Convention

The Committee on the Rights of the Child¹² has identified four rights in the Convention which also need to be understood as general principles. They each need to be applied in the implementation of all the other rights:

- **Article 2. The right to non-discrimination.** All rights in the Convention apply to all children without discrimination on any grounds. In other words, governments must take measures to ensure that all the rights in the Convention apply without discrimination to all children within the jurisdiction of the state. This means both direct and indirect discrimination.
 - Direct discrimination might exist where children from a particular ethnic or indigenous group are denied equal access to health services, where girls are offered poorer services than those available

¹² The Committee on the Rights of the Child is the international body established to monitor governments' progress in implementing the CRC. See the appendix for more information, and www2.ohchr.org/english/bodies/crc

to boys, or where refugees or asylum seekers are not entitled to access health care on the same basis as other children.

- Indirect discrimination might arise if services in rural areas were significantly less well funded than those in urban areas or where failure to provide information or services in the languages of ethnic minority communities results in restricted access to the services they needed.
- **Article 3. The duty to promote the best interests of the child.** Article 3 of the Convention places an obligation on public and private social welfare institutions, courts of law, administrative authorities and legislative bodies to assure, that in all actions affecting children, the best interests of the child will be a primary consideration.

The article limits the duty to ‘a primary’ and not ‘the primary’ nor ‘the paramount’ consideration. In other words, other considerations can inform actions affecting children. However, this limitation exists because Article 3 extends to all aspects of children’s lives including all aspects of government or public policy that influences them. It also applies to matters that affect individual children as well as children as a body. For example, a decision to treat a child must always be made in his/her best interests and not merely to contribute to research findings or to provide a doctor with more experience. Decisions about management of children’s hospital wards must be made in the interests of the child, not for the convenience or efficiency of the staff. Government policies on transport, environmental pollution or charges for health care services should reflect the duty to make children’s best interests a primary consideration.

- **Article 6. The right to survival and development.** Article 6 of the Convention stresses the right of every child to life, survival, and optimal development. This right imposes obligations not only to actively provide health services to protect the lives of children, but also to create an environment in which children’s development can flourish. It means that the lives of all children must be equally protected, irrespective of disability, gender, ethnicity or any other factors.
- **Article 12. The right to be listened to and taken seriously.** Article 12 provides that all children have the right to express their views on all matters of concern to them and to have those views taken seriously in accordance with their age and maturity. In other words, children are entitled as a right to be consulted when decisions that affect them are being made, either as individuals or as a body. Respecting children’s rights to be heard is an important mechanism through which children can contribute toward their own health and protection. Adults can make better-informed decisions if they first listen to children. Only if children are listened to by adults, can they challenge abuses or neglect of their rights.

Education and Development (Article 29)

Although not officially identified as a 'general principle', article 29 sets out the aims of education for the child's full and healthy personal and social development and deserves special attention.

Education shall aim at developing the child's personality, talents and mental and physical abilities to the fullest extent. Education shall prepare the child for an active adult life in a free society and foster respect for the child's parents, his or her own cultural identify, language and values, and for the cultural background and values of others. (Unofficial summary of the main provisions)

Article 29 is aspirational in regard to healthy child development, and due to its importance, was the article chosen by the Committee for the first General Comment.¹³ Article 29 informs all other articles by indicating how the protection and promotion of needs, and rights supports development, and gives essential clarification and added meaning to the best interests of the child (Article 3) and life, survival and development (Article 6).

2.3 The inter-connected and indivisible nature of rights

Children's rights are indivisible and universal. There is no hierarchy of importance. Together they create a holistic framework of rights that, if fully respected, would promote the health, welfare, development and active participation of all children. Examples:

- It is not possible to tackle violence and sexual exploitation against children without also addressing the violation or neglect of rights that expose children to violence—poverty, lack of access to education, discrimination, racism, prejudice and xenophobia, and failure to listen directly to and take seriously children's accounts of their lives.
- Children's right to optimal health and development cannot be fulfilled without a commitment to simultaneously address their right to an adequate standard of living, decent housing, protection from economic exploitation and exposure to harmful work, to information through which they are able to make informed choices and protect themselves, to the implementation of policies which promote children's best interests, for example, in respect of the environment, transport, HIV/AIDS, to legal protection from violence at home and in all other institutions.

¹³ The Committee regularly adopts "general comments" based on specific articles, provisions and themes of the Convention on the Rights of the Child to assist the States Parties in fulfilling their obligations under the Convention and to stimulate international organisations and specialised agencies in achieving the full realisation of the rights recognised in the Convention. For further information on the general comments see www2.ohchr.org/english/bodies/crc/comments.htm

2.4 Differences between adult and children's rights

While the Convention stresses that children are subjects of rights, it does not give them the same status as adults. Rights in the Convention fall into three broad categories.

1. Rights that apply to both children and adults

Many rights, long recognized in international law, are included in the Convention on the Rights of the Child, thus explicitly asserting that they apply equally to children. These include the rights to life, freedom of expression, education, due process before the law and non-discrimination.

2. Some rights do not extend to children

For example, children do not have the right to vote and to autonomy to make decisions independently of those who have responsibility for them.

The Convention clearly states that parents have the right and the responsibility to provide direction and guidance to children. Although parental direction and guidance must be provided in accord with the child's evolving capacities, it does not give children the rights to self-determination that are reserved for adults.

3. Additional rights exist for children that relate to their need for special protection because of their youth and vulnerability.

These include the rights to: play, have their best interests given primary consideration, protection from abuse and exploitation and alternative care when families cannot provide it.

2.5 Obligations to implement the Convention

Governments have the primary responsibility for ensuring that children's rights are realized – they must create the legislative and policy environment to support and implement children's rights. However, many other actors also have responsibilities. Parents have the primary day to day responsibilities for their own children. But communities, religious leaders, professionals, including health professionals, as well as civil society organisations at local, national and international levels also have a part to play

1. Government responsibilities/obligations

When States ratify the Convention, they have a legal obligation to ensure the well-being of **all** children in relation to **all** the rights it contains. This applies to children within the family and in all other environments. Specifically three key obligations are established:

a) To undertake all measures to implement the rights contained in the Convention for all children (Article 4).

Article 4 of the Convention requires governments to “*undertake all appropriate legislative, administrative and other measures for the implementation of the right recognized in the present Convention.*” It also states, “*With regard to economic, social and cultural rights, (governments) shall undertake such measures to the*

maximum extent of their available resources...” This wording introduces the concept “*progressive realization*¹⁴” of rights, whereby although States may have limited means to support the full implementation, they must demonstrate they have made every effort to utilize available resources to implement children’s rights as fully as possible.

b) To make the Convention widely known to both children and adults (Article 42).

Rights only have meaning and utility for children and adults, and likelihood of support, if they are aware that they have them. Article 42 indicates that governments must publicize the Convention to inform children and adults about the Convention, what it contains, and its implications for their lives. Raising awareness can be achieved through various means including: media, school curricula, training and resultant behavior of all professionals working with and/or for children, public education campaigns, and development and distribution of accessible information.

c) To report regularly to the Committee on the Rights of the Child (Article 44).

The Convention establishes the UN Committee on the Rights of the Child as the primary mechanism to monitor the implementation of the Convention and governments who have ratified the Convention are required to produce a progress report for the Committee two years after ratification, and subsequently, every five years.

Who is the Committee and what do they do?

The Committee, comprised of 18 independent child rights experts¹⁵, is the primary mechanism to monitor state compliance and implementation of the Convention and its two optional protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography¹⁶. To monitor each State’s progress, the Committee reviews State produced reports, and encourages national NGO coalitions and other expert bodies to submit reports highlighting the gaps and challenges to respecting and realizing children’s rights in a given country.

Upon analysis and intense discussion with a government delegation, the Committee produces “concluding observations” defining their recommendations to the government. The government is then expected to act on those findings.

2. Roles and responsibilities of other duty bearers

Although governments are widely held as primary duty bearers, experience demonstrates government interventions alone cannot be relied upon. Other duty bearers (adults, families, communities, institutions, and children themselves) have a critical role and responsibility to make child rights a reality.

¹⁴ The concept progressive realization is discussed in further detail in General Comment 5: General Measures of Implementation. The general measures are intended to promote the full implementation of children’s rights, “through legislation, the establishment of coordinating and monitoring bodies - government and independent - comprehensive data collection, awareness -raising and training, and the development and implementation of appropriate policies, services and programmes.”

¹⁵ For a complete list of Committee members see <http://www2.ohchr.org/english/bodies/crc/members.htm>

¹⁶ For information on the two optional protocols, see www.unhcr.ch

In particular, parents and other caregivers have specific roles and responsibilities to realize children's rights.

- The preamble of the Convention, as well as many of its articles emphasize that growing up within a caring family environment is crucial to children's healthy development.
- Article 5 recognizes parents' rights and duties to provide direction and guidance to children.
- Article 9 stresses the right of children not to be separated from their parents unless necessary for their best interests.
- Article 18 stresses the obligations of governments to provide support and help to parents in order to help them fulfill their role of promoting and protecting their children's rights.

Parental rights and responsibilities exist in order to protect and promote children's rights and are not intended to diminish or undermine the role of parents. Rather the Convention supports the importance of a caring family environment and promotes a culture of respect for children within families as well as the wider society. This is likely to encourage a mutual respect of children for parents and other important adults in their lives, thus establishing effective partnerships to realize child rights in their families and the broader context of their lives.

Nevertheless the Convention does imply changes to the traditional ways children are viewed within the family and wider society. The Convention requires that:

- children are listened to and their views taken seriously,
- increasing recognition is given to their ability to make decisions for themselves as they grow older,
- parents consider children's best interests when making decisions that affect them,
- guidance in the exercise of rights should respect the evolving capacities child, and,
- recognition is given to the fact that children's interests will not always coincide with those of their parents.

These roles and responsibilities to respect child rights are also applicable to all other adults who work with and for children (teachers, health care providers, community members, traditional leaders, lawyers, social workers, police officers etc). The Child Rights Ecology model helps to demonstrate how all systems play a role in the realization of child rights and the health and development of the child.

2.6 Common questions asked about children's rights

Q: What happens if governments violate children's rights?

A: Ratification of the Convention is no guarantee that governments will cease to violate, abuse or neglect children's rights. In many countries that have ratified the CRC, children continue to be discriminated against, forced into armed conflict, sexually exploited, denied education, exposed to violence, denied access to health care, exposed to living

and working conditions detrimental to their health and well-being, forced into bonded labor, die of preventable disease and are denied a voice in matters of concern to them.

Neglect and abuse of children's rights is not just a problem in the developing world. For example, in many rich nations, refugees and asylum seekers are denied equal rights, children continue to be subject to physical violence and sexual abuse, inequalities in society result in significant numbers of children living in poverty, children are homeless, and there is vulnerability to widespread drug misuse.

The Convention on the Rights of the Child is often described as "soft law". No sanctions can be brought against governments that violate children's rights. The Committee on the Rights of the Child can engage in constructive dialogue with governments and press them to make changes, but they have no powers of enforcement. Instead, the tools available for creating change are continuing dialogue, national and international pressure and exposure, a gradual process of heightening awareness and understanding about the nature of children's rights and the ways in which they are violated.

Q: Can the Convention, without teeth, achieve progress for children?

A: There are no magic wands that can bring an end to human rights violations. There is no realistic possibility that firmer sanctions could be brought to bear on governments for failing to comply with their obligations to children—far fewer governments would ratify a treaty that could result in formal punishments being imposed on them as a consequence. What the Convention provides is a normative framework with the status of international law through which to tackle those violations. It is a slow process, but one that has and will continue to achieve real change for children.

Since its adoption by the UN General Assembly in 1989, the Convention has already achieved a great deal for children:

- At the international level, there is far greater awareness of and commitment to end exploitative and dangerous child labor, sexual abuse and exploitation of children, discrimination against the girl child and disabled children and the use of children as soldiers.
- At the national level, many governments have begun to analyze and improve their legislation to bring it in line with the Convention's rights, to establish independent Children's Rights Commissioners, to raise public awareness of children's rights, to develop programs designed to promote the best interests of children, to end all forms of violence against children and to divert extra resources to fulfill obligations to children.
- At the national, regional and local levels in many countries, measures have been introduced to respect the principle that children are entitled to express their views and have them taken seriously, to tackle discrimination, to improve child protection measures and to encourage breast-feeding.

Q: Is the Convention anti-family or anti-parent?

A: Concern has been expressed that by emphasizing the rights of children, the Convention is anti-family and undermines parental authority. These concerns are based on a fundamental misunderstanding of the Convention. The preamble, as well as many of its articles, emphasizes that growing up within a caring family environment is crucial to children's healthy development. In addition:

- Article 5 recognizes parents' rights and duties to provide direction and guidance to children.
- Article 9 stresses the right of children not to be separated from their parents unless necessary for their best interests.
- Article 18 stresses the obligations of governments to provide support and help to parents in order to help them fulfill their role of promoting and protecting their children's rights.

However, the Convention does imply changes to the traditional way in which children have often been viewed within the family. It requires that:

- they are listened to and their views taken seriously,
- increasing recognition is given to their ability to make decisions for themselves as they grow older,
- parents consider children's best interests when making decisions that affect them,
- recognition is given to the fact that children's interests will not always coincide with those of their parents.

The Convention encourages a culture of respect for children within families as well as in the wider society. But this does not undermine or diminish the role of parents. Rights allow children to **take part** in decisions that affect them, not to **take over**, until they have developed the competence to take responsibility for those decisions themselves. They place a responsibility on parents to provide proper care and protection through listening and valuing children's opinions. Parental respect for children is likely to encourage children's respect for their parents.

Q: How can children have rights when they are unable to exercise responsibility?

A: The issue of responsibility is frequently raised as an argument against the principle that children have rights. However, it is not an argument that can be sustained.

There are many rights, in particular social, economic and protection rights that are unconditional for children, as indeed they are for adults. The rights to life, to freedom from torture and degrading treatment, to education, to the best possible health and to protection from sexual exploitation are not contingent on any reciprocal responsibilities. They exist in recognition of a respect for humanity and for fundamental principles that should underpin the treatment of individuals. Adults do not have to demonstrate a responsibility toward others before they can lay claim to respect for those rights for themselves. Nor should children be required to do so.

The issues are somewhat different with respect to many civil and political rights. The right to freedom of expression for one individual carries a reciprocal responsibility on

him or her to respect that right in others. The right to privacy demands corresponding respect for others' privacy. However, it is the right that comes first. The responsibility that then flows is a consequence of that right. Failure to respect others' rights does not result in the withdrawal of the right, but may lead to the person who breaches it being sued or prosecuted. With children, the Convention gives them the right to be listened to and taken seriously. Quite rightly, it does not demand that children first demonstrate a responsibility for listening to others. Once a child understands that s/he has a right to be listened to and that the right will be respected, it is far more likely that s/he will understand and value the importance of listening to others.

However, the Convention does not make assumptions that all children, irrespective of age, will have equal competence to exercise their rights. It contains recognition of children's evolving capacities as they mature. In Article 5, rights and responsibilities of parents, and Article 14, freedom of religion, the Convention states that parents have the right to provide direction and guidance to children "in a manner consistent with the evolving capacities of the child". Article 12, the right of the child to be heard, recognises that the weight given to children's views must be "in accordance with the age and maturity of the child." The Convention does not place an obligation on children to accept responsibilities for exercising rights for which they are not ready. They have a *right* to express their views, not an *obligation* to do so.

2.7 Barriers to overcome in the realisation of children's rights

The primary barriers to be addressed if children's rights are to be realised fall into four broad areas:

- Tradition and attitudes
- Children's invisibility
- Economic constraints
- Lack of democratic traditions

Tradition and attitudes. There is widespread resistance to changing cultural traditions that have long informed attitudes and behaviours toward children, e.g., early marriage of girls, harsh forms of physical punishment, female genital mutilation, expectations of respect for authority and failure to take children's views seriously. Although the Convention includes clear recognition of the importance of respecting children's culture, and the right of parents to exercise direction and guidance to children, this must be done in a manner that is consistent with children's rights. This is because the implementation of these rights is necessary for the healthy physical, mental, spiritual, moral and social development of children. In other words, behaviours toward children that threaten or violate their rights, as a result of traditional practices, are prejudicial and undermine their opportunities for optimal health and development.

In practice, full implementation of the Convention will require changes in attitudes toward children in every society in the world. For many children, implementation of their rights is impeded by discriminatory attitudes – for example, denial of the right to

education for girls, social isolation and segregation of disabled children, violence and hostility toward ethnic minority groups.

The Convention's demand that adults listen to children is perhaps the most fundamental challenge to traditional attitudes. Its central tenet is that without listening to children, adults cannot protect them, nor enable them to protect themselves. Children who are silenced cannot act to bring an end to abuse of their rights. Nor can they provide information to help socially responsible adults to provide them proper protection and support.

Invisibility of children. Children's rights are often breached or neglected simply because politicians and policy-makers fail to give consideration to children when they make decisions that impact them. Consequently, their rights, needs and interests are not given sufficient priority. Children are relatively invisible or powerless in public arenas, compared with the more powerful lobbies, such as the commercial sectors, that influence government agendas.

For example, children's rights to the best possible health will rarely be considered when a new factory is being built, despite the fact that it might discharge harmful pollutants into the atmosphere for vulnerable children. The impact of urban development on children, for example, construction of new roads that will increase children's exposure to pollution and accidents and reduce their opportunities for safe play, is seldom considered. Tobacco and alcohol companies seeking to promote their product will often hold more sway with governments than those seeking to protect children. Children's lack of access to those in power and to the media, combined with their lack of voting rights, renders them vulnerable to being sidelined by those in power. Accordingly, their rights and interests can be neglected. They need advocates who can help them articulate their concerns to those in power.

Economic constraints. In many countries, there are clearly overwhelming economic constraints that limit governmental capacity for implementation of children's rights, particularly economic and social rights. There are difficulties, for example, in implementing universal access to health care and primary education, or in providing an adequate standard of living for all children. The Convention states that these rights must be implemented to the maximum extent of available resources. It recognizes that implementation will necessarily be progressive.

All governments, however poor, make choices about priorities. For example, in India, Pakistan and many African countries, expenditures on military hardware are greater than on primary health care. Haiti, Ethiopia, Mali and Niger enroll less than 30% of children in primary school. However in other countries with per capita GNPs below \$300, e.g., Bangladesh, Kenya, Malawi, and Vietnam, rates of school enrollment of over 80% have been achieved. Zimbabwe, with a per capita GNP of \$540 achieves a rate of 90% compared with Guinea that has the same GNP but enrolls less than 30%. Even the poorest economies can make a significant contribution toward the implementation of social and economic rights for children. (update with current SOWC)

Lack of democratic traditions. In undemocratic countries, or in newly emerging democracies, there is likely to be a weaker culture of respect for human rights for all people, including children. Mechanisms through which democratic rights are exercised and strengthened—elections, the media, the courts, pressure groups, trade unions, ombudsmen or human rights commissions, are less developed or accessible to individuals. Even in democratic countries, some children have very limited access to these processes. In undemocratic or newly democratic countries, there is very little opportunity for their rights to be articulated or represented.

2.8 Systems change: implementing child rights in practice

Changing the system to remove these barriers and to ensure the realization of child rights requires the involvement, interaction, innovation, and synergy of individuals, communities and systems across and within the social ecology model from the bottom-up and top-down. It involves recognizing and capitalizing on the responsibility and influence of national and local governments, the broader social ecology including civil society and professional associations, and the individual citizen-professional. Health professionals, for example, can play a fundamental role in influencing change across these levels:

1. Within individual professional practice
2. Throughout community health services
3. Across the wider social, economic, political environment

What is systems change?

Systems change involves shifting attitudes, building capacity and improving direct supports to children to create an environment where children's rights are fully realized and supported.

Bringing about systems change requires the application of the Developmental Child Rights Approach which:

1. Identifies neglect or violations of rights

The Convention, and its guiding principles, serve as a framework through which to explore the gaps in the realisation of children's rights. For example, the right to non-discrimination provides a focus on the differences that exist between boys and girls in the realisation of their rights – in access to education, or in ages of marriage.

The Child Rights Ecology Model also helps to identify the neglect or violations of rights that exist at the level of the individual and within the broader social context which impede the realisation of children's rights. For instance, are there key individuals or systems that jeopardize the development and well-being of the child, or barriers, including economic constraints, traditions, attitudes, or political will that expose children to the risk of their rights being violated?

2. Identifies strengths/assets and opportunities

Historically, human rights approaches have tended to focus on existing problems or challenges, emphasizing gaps, deficits and violations, rather than the strengths and opportunities presented. Yet, research demonstrates that gaps are best addressed when they build on local strengths and assets of individuals and their community. For instance, what internal assets or individual capacities help to support and protect the child, contributing to his/her resiliency? In the face of adversity, does the young person stand up for his/her beliefs, is s/he motivated to do well at school or work, or does s/he feel optimistic about the future? In addition, what protective mechanisms or enabling factors exist within the child's external environment? Does a child receive high levels of love and support from his/her family, does s/he receive support from other non-parent adults, or do cultural activities help foster a sense of belonging and self-determination?¹⁷

A strength based approach is more likely to make a real difference in affecting positive change for children, and is a much more productive way to get people to buy-in to the idea of change.

Reflecting on the neglect and violations while simultaneously considering the strengths and opportunities helps build up a fuller picture of the influences on children's lives, and leads to greater capacity to develop sustainable and appropriate interventions to achieve change. It helps to further strengthen the 'bridges' that exist within and across the various systems (institutions, mechanisms and individuals) to foster the incorporation of child rights at all levels of society.

The key approaches to help systems build up this picture include:

From the "Bottom Up"

- a. Assessing, and integrating children's views and lived experience at the centre of all actions for change
- b. Mapping local relations, risks and resilience for and with children
- c. Identifying and strengthening supports for children
- d. Reinforcing child supporting cultural values, spiritual beliefs and practices applied to children's full and healthy development.

From the "Top Down"

- a. Assessing and analyzing legal and policy accountability frameworks in terms of "rights gaps" and "rights bridges"
- b. Developing programs to build the capacity of rights holders to claim their rights and duty bearers to meet their responsibilities
- c. Addressing structural inequalities
- d. Monitoring systems for child rights
- e. Creating "negotiated" social space between government and children and their communities

The developmental child rights approach:

¹⁷ See www.search-institute.com for further information

- Emphasizes the importance of **capabilities and opportunities** as foundations for peoples' full and healthy development rather than a more narrowly defined economic definition
- **Builds on "assets"** or strength based models of community development (Kertzman & McKnight, 1993) and youth development (Dryfoos, 1990), emphasizing the inner resources of young people as important starting places to address risk.
- Emphasizes the investment in young people's **assets and protective factors** rather than focusing solely on specific problems
- Sheds light on the **context** of children's lives, emphasizing the importance of **connectedness, achievement, participation, and strategic partnership** as effective strategies for overcoming challenges to children and youth (Rajani, 2001)
- **Mobilizes local assets and protective mechanisms** to create an enabling environment for children's survival, development, protection and participation (Cook, Blanchet- Cohen, Hart, 2004)

When we try to make child rights a reality for children, it is important to remember:

1. All children have the right to **life, survival, protection and development**.
2. **All children should be treated equally** irrespective of gender, caste, creed, race, or physical and mental ability.
3. When making decisions regarding children, **the well-being (best interest) of the child should be a primary consideration**.
4. **Children's opinions should be taken into account in all decisions concerning them**. Children's views should always be sought – and the weight given children's views should increase as they get older and have more experience – evolving capacity).
5. An understanding of **children's development within the relevant context is fundamental**.
6. **Supporting what is working** is more effective than fixing what is broken (drawing from children's families and communities strengths and assets).
7. Children and how they realize their rights must be **considered in context**. Child rights cannot be considered in isolation of their families, communities and culture.



Optional Handouts



Module Two

UN Convention on the Rights of the Child: foundation for a child rights approach

HANDOUT 2.1

The Convention on the Rights of the Child

What it does.

- Promotes a philosophy of respect for children
- Recognizes children as subjects of legal rights
- Challenges traditional views of children as passive recipients of care and protection
- Insists that children are entitled to have their needs met and thereby imposes obligations on adults

What it requires of governments.

- To implement the Convention's rights without discrimination for all children
- To make the Convention widely known to both children and adults
- To report regularly to the Committee on the Rights of the Child

What it contains.

- **Social rights:** The right to life and optimal survival and development, to the best possible health and access to health care, to education, to play, to family life unless not in the child's best interests
- **Economic rights:** The right to an adequate standard of living for proper development, to benefit from social security, the right to protection from economic exploitation
- **Cultural rights:** The right to respect for language, culture and religion, to abolition of any traditional practices likely to be prejudicial to the child's health
- **Protective rights:** The right to promotion of the child's best interests, to protection from sexual exploitation, from armed conflict, from harmful drugs, from abuse and neglect, to rehabilitative care following neglect, exploitation or abuse
- **Civil and political rights:** The right to be heard and taken seriously, to freedom from discrimination in the exercise of rights on any grounds, to freedom of expression, to privacy, to information, to respect for physical and personal integrity and freedom from all forms of violence, or cruel, inhuman or degrading treatment.

HANDOUT 2.2

General Principles in the Convention on the Rights of the Child

The Committee on the Rights of the Child, the international body established to monitor governments' progress in implementing the Convention, have identified four general principles that must be considered in the implementation of all other rights.

- **Article 2.** All the rights in the Convention apply to all children without discrimination on any grounds.
- **Article 3.** In all actions affecting children their best interests must be a primary consideration.
- **Article 6.** All children have the right to life and optimal survival and development.
- **Article 12.** All children capable of expressing a view have the right to express that view freely and to have it taken seriously in accordance with their age and maturity.

HANDOUT 2.3

Common Questions asked about the Convention

Can the Convention achieve progress without any real teeth?

There are no magic wands to bring an end to violations of children's rights. However, since the Convention came into force in 1990, much progress has been made at all levels of society.

What happens if governments violate children's rights?

- Violations continue in every country in the world.
- There are no real sanctions established by the Convention for these violations.
- The tools for change include dialogue, international pressure and exposure, enhanced understanding of children's rights and means of protecting them.

Can children have rights without responsibilities?

- Rights are not contingent on the exercise of responsibilities.
- Social, economic and protection rights are unconditional.
- Civil and political rights carry reciprocal responsibilities but are not predicated on the exercise of those responsibilities.
- Children learn to respect the rights of others through respect for their own rights.
- The Convention recognizes children's evolving capacity to exercise rights as they grow older.

Is the Convention anti-family or anti-parent?

- The preamble of the Convention, as well as many of its articles emphasize that growing up within a caring family environment is crucial to children's healthy development.
- The Convention recognizes parental rights and responsibilities to provide direction and guidance to their children.
- Parental rights and responsibilities exist in order to protect and promote children's rights.
- The Convention promotes a culture of respect for children in families by listening to them and taking them seriously.
- The Convention does not diminish or undermine the role of parents, but it does imply a more open democratic approach to child rearing.

What are the barriers impeding implementation of children's rights?

- Traditions and attitudes towards children
- Invisibility of children in arenas of power
- Economic constraints
- Lack of democratic traditions

Handout 2.4

Making child rights a reality

- All children have the right to life, survival, protection and development.
- All children should be treated equally irrespective of gender, caste, creed, race, or physical and mental ability.
- When making decisions regarding children, the best interests of the child should be a primary consideration.
- Children's opinions should be taken into account in all decisions concerning them, and given due weight according to their age and maturity
- An understanding of children's development within the relevant context is fundamental.
- Supporting what is working is more effective than fixing what is broken (drawing from children's families and communities strengths and assets).
- Child rights cannot be considered in isolation of their families, communities and culture.

Handout 2.5

Key Lessons to be drawn from the Convention

The UN Convention on the Rights of the Child

- The Convention on the Rights of the Child is a comprehensive treaty encompassing civil and political as well as social, economic and cultural rights
- It is legally binding on all countries that have ratified it. Governments are required under international law to take all necessary measures to implement its provisions. It provides a universal set of standards against which to measure and improve the treatment of children.
- Rights are universal and inter-dependent. They must be implemented in an integrated and holistic way.
- The Convention poses a challenge to traditional approaches to children, which have viewed them as incompetent, passive objects of adult protective care. Instead, it acknowledges children as both capable of and entitled to active participation in decisions that affect their lives.
- Although there are no formal sanctions that can be brought against governments for failing to comply with its provisions, the process of reporting to the Committee on the Rights of the Child is an invaluable mechanism for monitoring how a government is complying. It provides an opportunity for all those involved in children's health and well being to work together toward improving standards.
- Implementation of the rights contained in the Convention would herald a fundamental change in the status of children in all societies in the world and ensure their optimal health and development.

Module 3

Respecting Child Rights in Practice: The Individual Professional

CRED-PRO Child Rights Curriculum for Health Professionals

Developed and modified from the original curriculum of the American Academy of Pediatrics and the Royal College of Paediatrics and Child Health to include lessons learned in its application



Module 3

Respecting Child Rights in Practice: The Individual Professional

Learning Objectives

1. To identify and consider rights of the child with particular implications and opportunities for clinical practice;
2. To describe at least three ways you currently implement respect for a child's dignity and evolving capacities in health care practice, and at least three opportunities and strategies to improve your ability to help realize these rights;
3. To describe at least three ways you currently protect children from harm and promote their full development in health care practice, and at least three opportunities and strategies to improve your ability to help realize these rights;
4. To examine practical examples and tools to support child rights in practice; and,
5. To understand and consider strategies to help address some challenging circumstances concerning respecting child rights in practice.

Content of Module 3

Module 3 moves beyond an exploration about what rights children have and the overall responsibilities of adults to ensure their realisation, and focuses on how to respect children's rights within the daily practice of health professionals.

The module begins with an overview of Articles 6 and 24, of the UN Convention on the Rights of the Child (the Convention) for which health professionals have a particular responsibility. It introduces five further articles of the Convention:

- Articles 5, 12 and 16, which present opportunities to respect the dignity and capacities of the child
- Articles 19, 24(e) and (f) & 29 which present opportunities to protect the child and promote healthy development.

Several practical challenges are also explored, including, among others, the decision-making capacity of young children, when a child's best interests differ from his/her choice or desire, when a child's rights appear to conflict with his/her parents' rights, and the opportunities and constraints presented by contextual factors. Reflecting on individual practice, attitudes, and knowledge of child rights, this module will help to translate the principles of the Convention into reality.

Activities and discussion

Activities in this module encourage you to draw on your own practice/experience to consider:

- How decisions are made with, for and about children; and,
- What attitudes are reflected in your practice toward: a) children's levels of understanding, b) their rights to information, and c) their rights to consultation with respect to decisions that are made about their health, d) their privacy and confidentiality? It is important to clarify exactly what is meant by the concept of involving children in matters that affect them.

As you prepare for the Activities, please consider cases from your practice/experience that involve critical questions/issues related to the rights of children to be informed and involved in decision making related to their own health. Specifically, consider recent cases that describe a situation where there has been a question about:

- whether or not to involve a child in a medical decision,
- whether to override the wishes of a competent child, and/or
- breaching the confidentiality of a child.

Activity 3.1

This activity should be undertaken at the outset of Module 3, before introducing the background reading material. (The activity together with Handout 1 could be handed out after completion of Module 2 with students asked to complete it before coming to the next session) It will then be revisited at the end of the Module.

Activity 3.1: Self-Assessment Questionnaire

Objective:

- To actively consider children's rights in relation to your professional practice
- To provide a baseline of information to build upon and improve services and practices

Instructions:

1 Reflecting on your interactions and practices with children and adolescents consider the statements in Handout and circle the response you feel most reflects your practices with children and adolescents where:

5 = always 4 = often 3 = sometimes 2 = rarely 1 = never

2 Break into small groups and share your findings. Discuss the implications and reasons for the answers you have given.

Activity 3.2

Activity 3.2 provides an opportunity for participants to explore examples from medical practice which involve consideration of the role that children can or should play in decision-making in their own health care.

Activity 3.2

Objectives

To understand how to apply a child rights perspective to decision making in children's health care.

Instructions

Using a case from your own experience

First: Describe the case as follows:

1. Briefly outline circumstances of the case.
2. Highlight the nature of the decision to be made.
3. Describe who was involved and why.
4. State the outcome and how it was reached.

Next: Think about or discuss the following questions relative to the case:

1. Were the child's rights fully respected in this case?
2. If not, why not?
3. What could have been done differently?

Discussion on activity 3.2

The following questions need to be considered in a feedback discussion on how issues raised in the activity were addressed. They involve exploring both the necessity and complexity of integrating a rights-based approach to practice.

1. **Do you create time to explain to your patients exactly what is happening to them, or do you simply provide information to the parents?**
 - Is information provided at a level, in a form and with sufficient time so that can be understood by the child?
 - What negative implications could there be in your practice if you were to provide information directly to the child? For example, it would take time, it might cause the child distress and/or the parents might object.
 - What might be the benefits if you were to provide information directly to the child
 - children might be less anxious and feel more in control
 - they may be better prepared for what is happening

- the child could be more able to co-operate if s/he knows what is happening and is better able to articulate problems.

2. At what age do you consider children to be competent to take responsibility for their own health care?

- Does it depend on the individual child?
- Does it depend on the particular experiences of the child?
- How do/can you assess competence?
- What can you do to enhance children's capacities to be directly involved in his/her own health care, e.g. providing support, encouragement, opportunity, information, respect
- How do you involve parents in decision-making – as the sole decision-maker, as a partner with the child? Do you support parents to involve children in decisions?

3. What do you feel are the barriers to greater participation by children in their own health care?

How might these barriers be overcome?

4. What changes might be necessary in your practice or hospital to move toward a culture of greater respect for children's participation in their own health care?

Activity 3.3

Activity 3.3 is meant to help you recognize and resolve potential conflicts between parental rights and children's rights.

Activity 3.3

Recognizing and Resolving Potential Conflicts Between Parental Rights and Children's Rights

Objective

To explore the potential tensions between children's and parental rights and apply a rights-based approach to their resolution

Instructions

Identify cases that you have encountered in which conflicts existed between the rights of children and those of their parents.

Possible examples:

- A 13 year old girl is pregnant, and does not want her parents to know
- A ten year old boy needs treatment for a chronic condition but his parents refuse to give consent
- A disabled child refuses a painful corrective treatment which the parents want to be undertaken
- A child reveals that she is being abused by a family member
- A mother with HIV/AIDS wants to breast feed her baby

Address these questions and consider their relevance to the cases(s) you chose to discuss and/or others you have encountered

1. Which rights are at stake for the child and parent?
2. Which rights would you prioritize? Why?
3. How might you resolve the potential conflict?

Discussion on Activity 3.3

Conflicts of rights arise between individuals and between groups of individuals. For example, the exercise of the right to freedom of expression by one person might lead to denial of the right to protection from discrimination for another. Similarly, a conflict of rights can arise between parents and children. However, it is important to remember that parental rights and responsibilities exist primarily in order to protect and promote their children's rights. In other words, parental rights and responsibilities cannot be exercised in contravention of children's rights. Furthermore, as children acquire the capacity to exercise rights on their own behalf, parental rights and responsibilities recede.

Key Rights of Parents and Children Relevant to Child Health	
Children's rights	Parents' rights

Right to privacy and confidentiality	Right to give consent to treatment
Right to be listened to and taken seriously	Right to provide direction and guidance
Right to life	Right to privacy and confidentiality
Right to the best possible health	Right to bring up a child according to own religion, culture and philosophical convictions
Right to respect for evolving capacity	Right to set standards for behavior and to promote them
Right to respect for physical integrity and to protection from all forms of violence or abuse	

In reality, the conflict is often between different rights of the child. For example, where a child refuses a necessary treatment that the parent wishes them to receive, the real conflict is not between the parent and the child, but rather about the child's right to respect for his/her physical integrity and to have his/her views taken seriously, and the right to the best possible health.

When the rights of parents and children conflict, resolution may require that you consider the potential implications of the loss of rights.

Example: When protecting the parents' right to raise their child according to their own religion could lead to the child's death, as might arise where the parents are Jehovah's Witnesses and the child needs a blood transfusion, then clearly the child's right to life must be afforded priority. If it is not possible to achieve that outcome by negotiation or mediation, it may be necessary to have recourse to the courts to protect the child's right to life.

In other situations, the balance is less clear cut.

Example: A child might want a medical condition kept confidential and not shared with her parents. However, if the law does not permit treatment of a minor without parental consent, such confidentiality will mean that the child cannot receive medical help. Thus the child's right to privacy is in potential conflict with her or his right to the best possible health. Withholding information from the parents will deny them the opportunity to exercise their responsibility as a parent to protect their child's health and give consent to a needed treatment. On the other hand, the parent's reaction to the child's condition may result in rejection or violence toward the child, for example, if she is HIV positive or pregnant,

There are no easy answers to these complex situations. Each individual circumstance must be considered on its own merits. However, the approach to resolving conflicts of interests must be through reference to how best to promote the rights of the child.

Activity 3.4

Having explored how a child rights approach might influence the practice of health care professionals, this activity moves beyond the theory towards identifying and committing to future changes in practice.

Activity 3.4:

Improving Personal Practices To Respect Child Rights

Objective:

To identify three key priorities that you consider need to be implemented in order to respect child rights in your personal practice

Instructions:

Revisit the Self Assessment Questionnaire and Identify three priorities you would like to improve upon to fully realize child rights in practice.

I commit to the following three actions to further respect child rights in my personal practice:

- 1.
- 2.
- 3.

Date:

Signature:

Witness

Conclusion

The key points of this Module focus on the translation of the principles of children's rights and the articles of the Convention into practice. Ultimately, promoting active participation of children in their own health care will accomplish many positive outcomes for them.

- Children are entitled to be actively involved in their own health care from the earliest possible ages.

- Involvement means listening to children and taking their views seriously, respecting their evolving competence to take responsibility for themselves and recognizing the importance of confidentiality, particularly for adolescents.
- Participation of children is important in principle. All people are entitled to be consulted over decisions that affect them. Considerable practical benefits for both the quality of care and the child's general well being will result from engaging them in health decisions.
- Implementation of a commitment to involve children will necessitate changes in practice. Training of all medical and para-medical staff dealing with children, making time available to listen to and talk with children, provision of child-friendly information and development of codes of practice and policies to promote good practice will all be necessary.
- Implementing a culture of respect for children should be undertaken through a process of consulting with children themselves on what issues matter to them and what they would like to see change and how.

Key reading for Module 3

3.1 The Convention and health care practice

As a child health professional, the articles directly related to child health issues include the following:

- Right to life, maximum survival, and development (Article 6)
- Right to health and health services (Article 24)

However, it is important to recognise that the achievement or realization of these rights will be most fully and effectively accomplished through a holistic approach to the implementation of Convention, in particular, taking into account:

- Respecting the child as an active participant in the exercise of rights (Articles 5, 12 and 16)
- Respecting the child's right to protection and full development (Articles 19, 24, & 29)

3.2 Respecting the child as an active participant in the exercise of rights

The recognition that children are subjects of rights is central to the philosophy of the Convention. Children are not merely passive recipients of adult care and protection. Rather, they are social actors entitled to contribute to the exercise of their rights and to participate in decisions that affect them. Such an approach has profound implications for the traditional relationships between children and health professionals, and indeed between children and their parents. In particular, the articles in the Convention that need to be considered include the right of the child:

- to be respected with regard to his or her evolving capacities (Article 5)
- to be listened to and have his or her views taken seriously (Article 12)
- to privacy and respect for confidentiality (Article 16)

Article 5: The child's right to respect for evolving capacity as parents execute their responsibilities, rights and responsibilities

Article 5 stresses that parents have the right and responsibility to provide direction and guidance to their children. However, such guidance must be directed to the promotion of the child's rights and be provided "*in a manner consistent with the evolving capacities of the child.*"

This principle [evolving capacity] – new in international law – has profound implications for the human rights of the child. It establishes that as children acquire enhanced competencies, there is a reduced need for direction and a greater capacity on their part to take responsibility for decisions affecting their lives. The Convention recognizes that children in different environments and cultures who are faced with diverse life experiences will acquire competencies at different ages, and their acquisition of competencies will vary according to circumstances.

It also allows for the fact that children's capacities can differ according to the nature of the rights to be exercised. Children, therefore, require varying degrees of protection, participation and opportunity for increasing autonomy in decision-making in various contexts of their lives.

The concept of evolving capacities is central to the balance embodied in the Convention between recognizing children as active agents in their own lives, entitled to be listened to, respected and granted increasing autonomy in the exercise of rights, while also being entitled to protection in accordance with their relative immaturity and youth. This concept provides the basis for an appropriate respect for children's agency without exposing them prematurely to the full responsibilities normally associated with adulthood.¹⁸

Article 5 implies that health care providers have both an obligation and an opportunity to:

- Explore with children (and their caregiver(s)) their treatment options, their level of understanding, their associated opinions and views and their competence to make decisions affecting them (about their treatment and care)
- Present information to children in a ways they will understand (e.g. language, mode) and that are appropriate to child's evolving capacities
- Work collaboratively with both children and their parents to involve them as fully as possible in treatment decisions and other decisions that affect the child
- Provide children with the opportunity and time to reflect on the proposed options and make an informed decision
- Provide a comfortable and supportive environment to allow the child to exercise his/her capacities, and to ask questions as the process unfolds
- Work collaboratively with children and their parents to understand how decisions both affect or are affected by the child's unique context (contextual underpinnings such as age, gender, culture, developmental capacities, abilities)
- Work with parents and children to ensure the child's best interests are intentionally considered and supported

In many countries, the age of consent to treatment is prescribed by law and is often defined as an age older than when children generally acquire the competence to make informed decisions. Although doctors must comply with these laws, the philosophy of the Convention would require that doctors begin to recognize the need to progressively involve children more fully in decisions relating to their health, help parents recognize the importance of respecting their active involvement and encourage an approach to decision-making which is open, participative and informed.

¹⁸ Excerpt from Lansdown, G. (2005). The Evolving Capacities of the Child. UNICEF Innocenti Research Centre, page ix

Article 12: The right to be listened to and taken seriously

Closely linked with the need to consider children's emerging competence is the principle that all children capable of expressing a view are entitled to express that view on all matters affecting them and to have their views given due regard in accordance with the age and maturity of the child. This principle places a clear obligation on adults to listen to children and consider what they say seriously. It is important to understand the implications of this right.

- *All children are capable of forming a view.* There is no lower age limit at which children are incapable of forming their views. Very small children have views, fears and concerns. Article 12 requires that adults create the time and be willing to hear those views and give them respect. The extent to which they are able to fulfill the child's wishes will depend on the issue, the choices available, their implications and the child's capacity to understand the issue. But the child's view is not invalid because of youth: a baby, as well as a 16 year old, has a right to be listened to, but it may be necessary to explore different means of enabling a young child to articulate his or her concerns.
- *All children are entitled to views on all matters affecting them.* Article 12 is not restricted to any aspect of the child's life. Whether it is decisions within the family, in school, in the hospital or in matters of public policy, children are entitled to be consulted and involved. It is important to recognize that many decisions traditionally taken by adults have an impact on children, e.g., the location and design of a hospital, the way in which clinics are organized, the management of hospital wards, policies regarding sexual and reproductive health. These are all areas where children, and their parents, can make a useful contribution if properly consulted.
- *All children are entitled to have their views given due regard.* There is little point in listening to children if there is no commitment to consider what they say. This means being prepared to create the time to hear what they think and feel, and to give serious consideration to what they say. This does not mean there is an obligation to always comply with a child's view – but their views should not be dismissed simply because they are young or because they do not coincide with those of the adults involved.
- *In accordance with age and maturity, the weight given to a child's views will depend on his/her level of understanding of the issue.* This does not simply mean that older children's views will be given more weight. There is clear evidence, for example, that young children, who have experienced major surgery and frequent medical interventions, can have a profound understanding of the life and death implications of choices affecting them and are capable of making choices, if properly supported by adults around them. As in Article 5, the more competent a child, the more emphasis should be placed on his/her wishes and views.

Article 16: The Right to Privacy and Confidentiality

Article 16 of the Convention emphasises that children have the right to privacy, in respect of themselves as individuals, their family and home, in institutions and in all forms of correspondence and communication. Respecting privacy is fundamental to respecting the dignity of the child.

It implies health care providers have both an obligation and an opportunity to:

- Respect the child's body and his/her privacy, taking into account all contextual factors (culture, religion, gender, age, ability)
- Conduct consultations and treatments in an environment that respects the child's privacy and confidentiality
- Respect the confidentiality of children and adolescents to seek medical assistance and seek their consent before sharing private and/or confidential information with others (including parents, physicians)
- Understand and apply the current laws around confidentiality and privacy
- Develop and promote explicit policies concerning access to confidential information, and ensure the child/adolescent is aware of these policies

3.3 Respecting the child's right to protection

Children are also entitled to protection from harm, and the promotion of their optimum development. Health professionals have both clear obligations and opportunities to contribute to the realisation of these rights. The following section discusses how they can help to protect children and promote development in their practices.

Article 19: The right to protection from all forms of abuse and neglect

Article 19 stresses that all appropriate measures must be taken to "*protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse*" while in adult care. Health professionals have a major role to play in both prevention of violence and in identification, diagnosis and referral. At the same time, in addressing the right to protection from harm they must also have regard to the children's right to express their views and have them taken seriously, to respect for the capacities for decision-making and to their privacy¹⁹. Ensuring that these rights are all respected will involve consideration of the following:

- Create space for children to talk in confidence
- Be aware and pay attention to clues that could suggest violence, abuse or neglect
- Where violence, abuse or neglect is suspected, ask the child about the situation in a manner that is respectful to the child (e.g. language mode etc) and reflects his/her evolving capacities

¹⁹ See CRC General Comment No. 8 on The right of the child to protection from corporal punishment and other cruel or degrading forms of treatment (arts 19; 28, para.2 and 37), CRC/C/GC/8 March 2007, www.unhchr.ch

- Explore with the child your thoughts and concerns, your associated obligations (legal and ethical), and possible courses of action
- If appropriate, discuss these factors with the child's parent/guardian
- Record all cases of violence and suspected violence that you recognize
- Understand and apply the current laws around protection and reporting violence, abuse and neglect cases
- Develop and promote explicit policies regarding child protection and the reporting of cases where violence, abuse and neglect are found or suspected. Ensure the child/adolescent is aware of these policies
- Educate children/adolescents about violence, abuse and neglect, and encourage and provide assistance for them to speak to someone when the experience and/or witness violence, abuse and neglect
- Provide adolescents with information about healthy relationships
- When considering what is in the best interests of the child, have regard to the views of the child, the implications of complying with or overriding his or her wishes, and the level of risk to the child.

Article 24.e & f and Article 29: Promoting the right to development through education and information

Article 24, which addresses the right to health, includes an obligation to ensure that children and their parents have information and access to education to enable them to achieve the best possible health. Education and access to health promoting information can play an important role in protecting children by enhancing their capacities to make informed and wise decisions. Health professionals can play a key role in ensuring that children have the necessary knowledge and skill to make positive choices and live healthy lives.

Article 24 implies that health professionals should:

- Where possible and appropriate, provide information to help children to understand how they can lead healthy lives (sexual reproductive health, HIV/AIDS awareness, nutrition, smoking, alcohol, illegal drugs, physical and psychological development and regulation, and education)
- Develop preventative and promotional materials in forms that the child understands and that are appropriate to the child's evolving capacities, This can be done in partnership with children themselves
- Work collaboratively with parents and children to foster an understanding and respect for their respective rights and responsibilities with regard to decision-making in relation to the child's health
Advise children where they can go for further information and help

Article 29 implies that health professionals should:

- Take a developmental approach to their work with and for children

- Employ interventions that protect and promote the full development of the child's personality, talents and mental and physical abilities and the child's preparation for a responsible life in free society
- Assume the role of educator and model for the child, parents, colleagues, and community in respecting and supporting the child's future development

3.4 Addressing challenges in respecting children's rights

Application of child rights within the health care profession may present some potential challenges and/or opportunities. In many countries and cultures there is a considerable resistance to the idea that children and adolescents have to be consulted and listened to. It runs counter to the presumption that adults know best and that children lack the experience and competence to take responsibility for decision-making. Many parents and professionals also feel concern that providing children with "difficult" information about their medical condition might be painful for them to accept, and argue it is better to protect children from such choices. The following discussion provides some ideas on how to address these challenges.

1 Consent to Treatment

If a child has consented to treatment, does consent need to be sought from the parent or legal guardian before offering treatment to the child? Conversely, if consent is obtained from parents, does consent need to be sought from the child? What if the child has declined treatment and you believe it is in his/her best interests to administer?

Traditionally, when the patient is a minor, the health care provider must seek consent from the parent or legal guardian before treating the child. However, Article 5 implies once the child fully understands the nature of the proposed treatment, the associated implications and all available options, the child can give consent or assent on his or her own behalf. Nevertheless in many countries the age of consent to medical treatments is defined in law and is frequently established at an age higher than the one at which children acquire the decision-making capacity. The Convention provides a framework to help health professionals recognize the necessity of involving children fully in the decisions related to their health and of encouraging parents to recognize the importance of respecting the active involvement of their children.

2 Capacity to Participate

Are infants capable of expressing their views? If so, how? What about a child who cannot communicate verbally? How can you acknowledge and respect the views of these children?

In the case of babies or neonates their lack of verbal expression should not be an obstacle to considering and respecting their point of view and feelings. Non-verbal communication affords babies and neonates opportunities to express their feelings of anguish, fear, distrust, comfort and/or happiness through their actions. It is important that health professional establish a positive relationship with the baby and his/her

parents and involve/engage them during the consultation or treatment. This entails transmitting confidence to the baby, respecting his/her time and particularities (i.e., need for a nap or a feeding), considering his/her pain, and avoiding or diminishing discomfort as much as possible. Some children with disabilities may also experience difficulties in communicating verbally. It is equally important to explore approaches through which to listen to their views – parents and caregivers will often be able to advise on how to understand and interpret their forms of communication.

It is important to note that all children have the capability of expressing their views. Therefore it is necessary for health practitioners to explore the many ways that permit the child to articulate these views, concerns and opinions. The evolving capacities of the child must be taken into account.

3 Child Participation: Obligation or Burden?

Do children have an obligation to express their views? Does giving children rights to be heard burden them unnecessarily?

Article 12 does not impose an *obligation* for the child to express his/her views, but provides a right for child to do so. Children should be afforded the opportunity to participate and express their views if they so choose, providing that this opportunity means informing the child about what is happening in a way that s/he understands and also enables him/her to make an informed decision.

The assumption that children will be burdened unnecessarily is rooted in an assumption of childhood which imagines that children and adolescents do not take decisions or responsibilities at very early ages. However, evidence demonstrates that even small children make decisions, for example, about friendships, coping with parental divorce, negotiating between parents in conflict, deciding on what games to play, and negotiating rules. Furthermore, in the UK, children as young as 4-5 years old have been given responsibility for their own pain relief using a remote control, and it not only resulted in less pain for the children but also less anxiety and stress. Thus listening to the views and opinions of children, and supporting their participation in a way that respects their evolving capacities helps to provide opportunities and teach children to listen and respect the opinions of others, clarify their own opinions and make decisions about their lives.

4 Assessing Competency

Should the views of a 6 year old be given the same weight as the views of a 16 year old? At what age are children competent to take responsibility for their own health care? What defines competence? What are the contributing factors?

A child's capacities are highly dependent on the experiences the child has had and the different aspects of his/her life. For example, young children who have experienced major surgery or frequent medical interventions may have a profound understanding of life or death and how decisions will affect them. While a 5 year old child may lack the competence to decide which is the best hospital for an operation, s/he can indicate if

and why s/he feels comfortable at the hospital, and provide suggestions to improve his/her stay. When children are given appropriate support, adequate information and opportunities to express themselves meaningfully (pictures, poems, drama, photographs, as well as more conventional discussions, interviews and group work), all children can participate in clarifying and resolving issues that are important to them.

If health professionals listen to children, give them time to articulate their concerns, and provide them with appropriate information, children will acquire the confidence and the ability to contribute effectively to their own health care. Accordingly health professionals need to be prepared to afford children this opportunity.

5 Protection vs. Respect for Privacy

Should a child's right to protection from violence, abuse or neglect override his/her right to privacy and confidentiality? If so, when?

As discussed in Module 2, children's rights cannot be understood in terms of a hierarchy of importance – they are all inter-dependent. To realize one right often involves the simultaneous realization of another. However, at times there can be a tension between the realisation of different rights. For example, it may be the case that in order to protect a child from serious risk of abuse, it is necessary to override his or her desire for confidentiality. A health care professional may have an obligation to report cases of suspected violence, abuse and neglect to the appropriate authorities, even where the child is adamant that he or she does not want the information to be taken further. In such circumstances, it is important to be clear with the child about the boundaries of confidentiality, what the law says, and to involve the child as far as possible in deciding how and when the information will be reported. The reasons for overriding the child should be clearly explained, and s/he should be kept as fully informed as possible throughout the process. It is important to remember that violence and abuse of children serves to disempower them. It is vital that the strategies adopted to protect them should not further disempower them. Any action must take account of the child's individual circumstances and contexts. A 'one size fits all' approach should never be adopted.

3.5 Benefits of respecting children's involvement in their own health care

Promoting active participation in their own health care produces many positive outcomes for children. It enables children to get answers to any questions they may have and avoids misunderstanding. If no one explains fully what is happening to you as a child, there is no opportunity to ask questions, allay concerns and dispel myths and fears. It will also encourage the child to seek information throughout the treatment process, if they feel confident that doctors respect their right to know. The way information is given is crucial. It must be given in ways that are consistent with the child's understanding. It should preferably be provided by someone whom the child knows and trusts. Parents should be as fully involved as possible. Time must be made available to enable the child to ask questions both immediately and after any

treatments. Importantly, the child needs to feel safe and confident that his/her concerns will be taken seriously when decisions are being made.

The benefits are:

- *It makes children feel more respected.* The vulnerability associated with being ill, in pain and dependent on others is helped if children feel that they are respected, listened to and that their views will be valued and taken seriously.
- *It relieves anxieties and helps them better cope with treatment.* If they have information about their condition, they are better able to understand and cope with what is happening to their bodies and why things are happening the way they are.
- *It gives them confidence.* If they are involved in the process of treatment, they will not have fears that actions will be taken without their knowledge or understanding.
- *It encourages co-operation.* If children lack information, they are likely to be more frightened and therefore less willing or able to co-operate in treatment. In turn, interventions will be more painful and distressing.
- *It avoids unnecessary distress.* When information is withheld, children may worry unnecessarily about what is going to happen to them. Often their imagination will create risks far worse than reality. If they have information, they can prepare appropriately for what is happening and receive necessary support, counseling and/or comfort.
- *It leads to better understanding of their own health care needs.*
- *It encourages them to take more responsibility for their own health.*

3.6 Practical tools to strengthen child rights in practice

This section identifies some strategies and tools that can be developed to respect child rights in practice. It is important to note these should only serve as guidance. Tools and strategies should be developed within the context and culture of the local community, and, where possible, involve children and their families in their development.

Creating real change in implementing the principles of the Convention on the Rights of the Child will necessitate concerted action on the part of health professionals. Consulting with children themselves in the development of any changes to policy and practice is an important part of the process and will more likely lead to enduring and effective change.

a) Practical strategies for listening to children

- *Consider information targeted at different age groups and abilities.* For example, give attention to what happens when a child goes into a hospital, what information sheets contain about certain conditions, what rights children have as patients, how

to make a complaint if something goes wrong, information about getting advice on sexual and reproductive health, drug addiction, and where to go if children are being sexually abused.

- *Make sure that time is given to explain fully to children about their condition.* This includes discussions as to what is happening to them, what treatments are proposed, what options are available, implications of all the options, side effects of treatments, and the likelihood of pain and discomfort.
- *Give children the opportunity to ask questions and explore their concerns and deal with them honestly and fully.*
- *Give children time to consider what they want.* For example, if a child is frightened of injections, work with them to explore what might be done to alleviate his/her fear.
- *Develop policies on confidentiality.* Make sure that all relevant staff, as well as children and young people, are aware of them.
- *Develop policies on consent to treatment.* Make sure that all relevant staff and children and young people are aware of them.
- *Provide training for all staff on the Convention on the Rights of the Child and its implications for practice.*
- *Develop a Charter of Rights for Children.* Prominently display the Charter in all ambulatory and inpatient facilities.
- Develop a personal statement of commitment to children's rights. Prominently display the statement in your office or practice setting.

Implementing a culture of respect for children should be undertaken through a process of consulting with children themselves on what issues matter to them and what they would like to see change and how.

b) Guidelines for a Child Rights Charter

The following is a draft of suggestions that may be included in a Children's Rights Charter. When developing this chart, it will be necessary to consult children about what they think should be included and how it should be written.

If I'm looking for, needing, or receiving health attention, I have the right to the following:

- I have the right to the best possible treatment and care.
- I have the right to be listened to and have views taken seriously.
- I have the right to be given information in a way that helps me understand my treatment in way that is appropriate for my age, culture and background

- I have the right to ask for advice, information and support.
- I have the right to be asked before anyone touches me.
- I have the right to respect for my privacy.
- I have an equal right to treatment and care, regardless of my sex, abilities and disabilities, color, race or religion.
- I have the right not to be hurt or humiliated.

c) A Sample Proclamation for the Health Profession's Commitment To Practices Respecting Children's Rights

Health professionals who intend to develop and exhibit their own personal-professional commitment to respect children's rights in their practices may want to consider the following draft proclamation. It can be modified to further personalize and strengthen it for use in professional practice.

MY PROFESSIONAL COMMITMENT TO THE HUMAN RIGHTS OF CHILDREN

1. I will regularly evaluate and adjust my practices to respect the human rights of the children I serve.
2. I will make the best interests of the child a primary guide to help me promote the child's present welfare and successful future.
3. I will respect each child's present and developing characteristics and capacities.
4. I will support the unique and full development of each child's personality, talents, and ability to deal with challenges and opportunities.
5. I will work to strengthen each child's family in its ability to respect the child and support his/her development.
6. I will promote work, play and leisure activities fitting the child's interests, needs and potentials.
7. I will ask for and consider the opinions of each child regarding conditions influencing the child, including my services.
8. Each child I serve will be offered information about my practices, his/her condition and needs, and about the services I provide.
9. I will protect the child's privacy, safety and well-being.
10. I will promote the human rights of children in my profession and community.
11. I will pursue education to strengthen my ability to respect and support the human rights of children.



Optional Handouts



**Respecting Children's Rights in
Practice: the individual professional**

Handout 3.1

Questionnaire on individual practice

1. I create time to discuss with the patient (child or adolescent) exactly what is happening to them

5-----4-----3-----2-----1

2. My patient is aware of and understand his/her treatment options

5-----4-----3-----2-----1

What indications suggest this? How do you know?

3. My patients understand what is happening to him/her

5-----4-----3-----2-----1

What indications suggest this? How do you know?

4. My patients ask me questions and comments on their consultation or treatment.

5-----4-----3-----2-----1

5. I seek the opinions and views of all of the children I work with or treat.

5-----4-----3-----2-----1

How do you seek the opinions and views of children?

How do you seek the views and opinions of children who can't easily express themselves?
(i.e. babies, a deaf child etc.)

6. I listen to and consider my patient's opinion or feelings seriously.

5-----4-----3-----2-----1

How do you consider them?

- 7. I ensure the child understands what is happening to him/her before administering treatment or taking action.**

5-----4-----3-----2-----1

What do you do?

- 8. During consultations/interventions I speak to the child and his/her parents.**

5-----4-----3-----2-----1

Why or why not?

- 9. When the parent does not consent to the treatment regime, I do not treat the child.**

5-----4-----3-----2-----1

Explain your answer

- 10. When a parent consents to a child's treatment, but the child does not, I treat the child.**

5-----4-----3-----2-----1

Explain your answer

- 11. When the parent does not consent to treatment and the child does, I treat the child.**

5-----4-----3-----2-----1

Explain your answer

12. I believe all children can be competent to be involved in their health care decisions

5-----4-----3-----2-----1

How?

13. I respect the privacy, intimacy and confidentiality of the child or adolescent.

5-----4-----3-----2-----1

How?

14. I seek consent from children before sharing their private and/or confidential information with others

5-----4-----3-----2-----1

15. I treat all children with respect and dignity

5-----4-----3-----2-----1

16. I adapt my interventions to accommodate children of different cultural groups

5-----4-----3-----2-----1

How so?

17. I adapt my interventions to accommodate children of different ages?

5-----4-----3-----2-----1

How so?

18. I report all suspected violence, abuse and neglect cases

5-----4-----3-----2-----1

19. I educate and inform children about preventative health measures

5-----4-----3-----2-----1

How?

20. I provide information to children about healthy lifestyles and healthy relationships

5-----4-----3-----2-----1

How?

HANDOUT 3.2

Children's Rights Informing Health Practice

Article 5. The right of children to respect for their evolving capacities.

- Health professionals are obligated to explore with children their level of
- understanding of any proposed treatment, their views on it and their
- competence to make a decision on whether or not to consent to the
- treatment.
- Health professionals must work collaboratively with both children and their
- parents to involve them as fully as possible in the treatment being offered and
- in any decisions that need to be taken.
- Due regard must be given to the child's competence to give or refuse consent
- to a treatment when the parent takes an opposing view.

Article 12. The right of children to be listened to and taken seriously.

- All children capable of forming a view are entitled to do so.
- Children are entitled to do so with respect to all matters affecting them; it is not restricted to any aspect of a child's life.
- Children's views must be given due regard; there is little point in listening to children if there is no commitment to give consideration to what they say.
- The weight given to their views must be in accordance with their age and maturity.

Article 16. The right of children to privacy and respect for confidentiality.

- Respecting confidentiality will encourage adolescents to seek medical help.
- There is a need to develop and promote explicit policies on who is entitled to confidential advice and information.
- There is a need for clarification on laws relating to confidential treatment of minors and to develop policy accordingly.

HANDOUT 3.3

Arguments in Favor of Respecting the Views of Children

- It enables them to get answers to any questions they may have and avoids misunderstanding.
- They feel more respected.
- It relieves their anxieties and helps them cope with the treatment.
- It gives them confidence. If they are involved in the process of treatment, they will not have fears that action will be taken without their knowledge or understanding.
- It encourages co-operation. If children lack information, they are likely to be more frightened and therefore less willing or able to co-operate in treatment. In turn, interventions will be more painful and distressing.
- It avoids unnecessary distress when information is withheld, children may worry unnecessarily about what is going to happen to them.
- It leads to better understanding of their own health care needs.
- It encourages them to take more responsibility for their own health.

Addressing the arguments against children's right to be heard

- **Children lack the competence or experience to participate.** Children have different levels of competence with respect to different aspects of their lives. Even very small children can tell you what they like or dislike about being in the hospital and why, and can produce ideas for making their stay less frightening and distressing.
- **Children must learn to take responsibility before they can be granted rights.** One of the more effective ways of encouraging children to accept responsibility is to first respect their rights. If doctors listen to children, give them time to articulate their concerns and provide them with appropriate information, children will acquire the confidence and the ability to contribute effectively to their own health care.
- **Giving children rights to be heard burdens them unnecessarily.** Article 12 does not impose an *obligation* on children to participate in decisions. Rather, it provides a *right* for children to do so.
- **It will lead to lack of respect for parents.** Listening to children is about respecting them and helping them learn to value the importance of respecting others. It is not about teaching them to ignore their parents. Listening is a way of resolving conflict, finding solutions and promoting understanding – these can only be beneficial for family life.

HANDOUT 3.4

Practical Strategies for Promoting Children's Participation in their Health Care

- Develop child-friendly information targeted at different age groups and abilities.
- Make sure that time is given to explain fully to children about their condition, what is happening to them, what treatments are proposed, what options are available, implications of all the options, side effects of treatments and the likelihood of pain and discomfort.
- Give children the opportunity to ask questions and explore their concerns and deal with them honestly and fully.
- Give children time to consider what they want. For example, if a child is frightened of injections, work with them to explore what might be done to alleviate their fear.
- Develop policies on confidentiality and make sure that all relevant staff as well as children and young people are aware of them.
- Develop policies on consent to treatment (where there is scope for professional judgment within the law) and make sure that all relevant staff and children and young people are aware of them.
- Provide training for all staff on the Convention on the Rights of the Child and its implications for practice.
- Develop a Charter of Rights for Children that is prominently displayed in all health centers, clinics and hospitals.

HANDOUT 3.5

An Outline for a Charter of Children's Rights

The following is a draft outline of suggestions that could be included in a charter of children's rights. In developing such a charter, it will be necessary to consult with children themselves on what they feel should be covered and how they would like it to be worded.

If I am seeking, needing or receiving health care, I have a right to the following.

- I have the right to the best possible treatment and care.
- I have the right to be listened to and have my views taken seriously.
- I have the right to be given information that will help me understand my treatment.
- I have the right to ask for advice, information and support.
- I have the right to be asked before anyone touches me.
- I have the right to respect for my privacy.

HANDOUT 3.6

Key Lessons to be Drawn from Session Three

- Children are entitled to be actively involved in their own health care from the earliest possible ages.
- Involvement means listening to children and taking their views seriously, respecting their evolving competence to take responsibility for themselves and recognizing the importance of confidentiality, particularly for adolescents.
- Participation of children is important in principle. All people are entitled to be consulted over decisions that affect them. Considerable practical benefits in enhancing both the quality of care possible and the child's general well-being will result from engaging them in health decisions.
- Implementation of a commitment to involve children will necessitate considerable changes in practice. Training of all medical and para-medical staff dealing with children, making time available to listen to and talk with children, provision of child-friendly information and development of codes of practice and policies to promote good practice will be necessary.
- Implementing a culture of respect for children should be undertaken through a process of consulting with children themselves on what issues matter to them and what they would like to see change and how.

Module 4

Respecting Child Rights in Practice: Community Health Systems

CRED-PRO Child Rights Curriculum for Health Professionals

**Developed and modified from the original curriculum of the
American Academy of Pediatrics and the Royal College of Paediatrics and Child Health
to include lessons learned in its application**



Module 4

Respecting Child Rights in Practice: Community Health Systems

Learning Objectives:

1. To conceptualize and understand the essential characteristics of 'the highest attainable standard of health' and community health systems;
2. To identify and understand how the rights established by the UN Convention on the Rights of the Child (the Convention) can be used to positively influence community health systems;
3. To identify at least three ways community health systems (hospitals and health centres) currently respect children's rights, and identify at least three opportunities for change or areas where improvements are necessary;
4. To learn strategies to help community health systems (hospitals, health centers, collaborative practices) ensure that services are non-discriminatory, promote children's best interests, and involve children in their development
5. To understand how to help community health systems implement a developmental child rights based approach to service delivery.

Content of Module 4

This Module examines how a commitment to respecting children's rights and an understanding of the Convention can influence health policy and the delivery of health services. It begins by clarifying the terms "optimal health" and "community health system." The activities are designed to show that consistent respect for the rights of all children will not happen merely as a result of good intentions. Intentions must be accompanied by changes in the structures, processes and behaviors through which services are designed, developed and delivered. The Module concludes with a discussion about strategies that might be developed and implemented to affect the necessary cultural shifts that will be required to prioritize children's needs and to develop services that are more child-friendly.

Articles 2, 3, 6, 12, 24, and 29 are the principle articles in the Convention that address all children's basic entitlements to life, the best possible health and optimal development. These and other supporting Articles are presented in handout 1 for this module.

Activities and discussion

The Convention's principles and standards can be used as tools for implementing the best possible health care. You can draw on material in Module 2 on the indivisibility and inter-relatedness of rights to enhance your understanding of the issues addressed in this module.

Activity 4.1 is designed to help you reflect on the extent to which the right to the best possible health is being protected for children in your practice and community, and to explore what strategies might be developed to address those areas that require change in order to raise standards. Activity 4.2 assumes the perspective of a specific child receiving health services and how the child might experience those services, as well as asking learners to identify ways in which the services and/or policies might be made more child-friendly. Activity 4.3 leads you to draw up your own charter on policies towards creating rights respecting health care institutions.

Activity 4.1

The questions presented in Activity 4.1 are meant to stimulate thought, dialog and discussion related to barriers to protecting children's rights to the best possible health. The primary focus for the Activity is the respect of children's rights in the context of the/your practice of health care and in health policy.

Activity 4.1

Protecting Children's Right to Best Possible Health

Objective

To review health care services through the holistic lens of children's rights and assess how far those services might need to change to bring them in line with the Convention

Instructions

Please use your own clinical and personal experiences to frame and inform your responses to the following questions.

1. Is the right to the best possible health being protected and assured for all children? If not, which children are losing out and how?
2. Identify examples of specific breaches of children's rights in existing health policy and practice, locally, regionally and nationally.
3. How well are the following rights respected:
 - The right to information?
 - The right to play?
 - The right to education?
4. How can health professionals discover:
 - What children think about services?

- What services children would like developed?
- How children would like services changed?

Discussion on activity 4.1

It is difficult to define “best possible health,” and what is possible will be different for different children in different countries. However, the Convention provides a holistic framework of principles and standards with which to assess whether health services are promoting the best possible health outcomes for all children. Articles 6 and 24 encourage an approach that considers the whole child. For example, although a hospitalised child might be receiving high quality treatment for their medical condition, the child’s well-being will be impaired if he/she is denied adequate contact with their family, opportunities for education and play and a chance to be involved in decisions about their treatment.

As you considered the questions in Activity 4.1, a number of potential perspectives may have come to mind. With respect to protecting children’s rights to the best possible health care, perhaps you considered the challenges faced by marginalized children, e.g., disabled, ethnic, minority and indigenous, poor, incarcerated, and institutionalised children. Specific breaches of children’s rights in practice and health policy might have included:

- Failures to introduce or follow child protection procedures,
- Physical abuse of children by staff,
- Detention of children in mental health institutions without proper safeguards, and
- Doing research without proper consideration of children’s best interests.

Ideas for involving children in reviewing services might include:

- Consult the individual children you treat
- Collaborate with local schools and schedule meetings with children in school
- Develop an evaluation forum with children in the hospital for children using hospital services
- Design a questionnaire to be circulated to local schools
- Ask a local children’s NGO to schedule a consultation with children in the locality
- Establish a young people’s forum to provide feedback on their experiences with your services and develop protocols for future improvements
- Organize a conference and invite young people to participate.

Activity 4.2

Activity 4.2 moves from the theoretical to discuss specific strategies to develop child friendly health services. It is important to understand how a health service appears to the child who is using it. How child friendly are health services and what can be done to ensure they respect the rights of children?

Activity 4.2

How Child-Friendly are Health Centers, Clinics and Hospitals?

Objective

To help you see the world that children experience, and consider ways to ensure that community health systems are child friendly and rights respecting.

Instructions

Imagine you are either a seven-year old ethnic minority boy, or a 14-year old girl, who is confined to a wheel chair. You are visiting a hospital or health centre for treatment.

How might you, as either of these children, experience the services you receive, and what might be done to make the environment and the services more child-friendly?

Now imagine yourself as a homeless, gay/lesbian/transgender or child marginalized by other factors carrying a social stigma. How might your access to health care be affected and how might you experience the quality of that care?

Discussion on activity 4.2

As you transformed yourself into a young person in the above Activity, you would have seen the world from a dramatically different perspective than as an adult. Now, for thought and discussion purposes, consider the following questions as an adult that relate to the world you might have experienced as a child.

The reception/waiting area. Is it friendly and are there age-appropriate toys, magazines, and posters? Is the seating comfortable for children? Is there any area where they can play safely? Is there any age-appropriate information about services provided? Is information provided in the main community languages spoken in the area?

Clinics. Are children routinely required to wait for long periods to see a doctor? Are children generally able to see the same physician/consultant each time they come for an appointment? Is time given to enable the child to ask any questions?

Hospital wards. Are children introduced to the ward properly and given information about who is responsible for them? Are they given a named member of staff who they can approach for help? Are they encouraged to ask for help and information if they need it? Is there any publicly displayed statement or charter of rights? Are parents encouraged to be around and helped by staff to support their children while in the hospital? Is the design/décor age appropriate? What preparation and support are children given when facing surgery or painful treatments? Are they given an opportunity to articulate their concerns, fears or wishes?

Hospital services. Do children get access to education when they are staying in the hospital? What opportunities are there for play/entertainment? Are they age-

appropriate? Is the food provided appropriate for children? Have they ever been consulted on the quality of the food or any other aspect of hospital provision?

Handout 4.2 presents some ideas as to how to achieve a service environment and framework for public policy that will help ensure respect for children's rights.

Activity 4.3

This activity is designed to help you explore the policies needed to make your hospital or health centre more child friendly.

Activity 4.3: Charter of Rights for Children

Objectives:

To develop a charter of rights for children in community health care systems.

Instructions:

Reflecting on the Argentina example (see below), develop a Charter of Rights for Children appropriate for your community health care system.

THE RIGHTS OF THE HOSPITALIZED CHILD
Argentine Society of Pediatrics and UNICEF
Charter for the Rights of the Hospitalised Child
Convention on the Rights of the Child, Law 23.849, UNICEF, Argentina

1. Children should be admitted to hospital only if the care they require cannot be provided at home or on an outpatient basis.
2. Children admitted to hospital have the right to be accompanied by their parents or caregiver all the time.
3. Parents have to be helped and encouraged to share the care of their children and have to be informed about the routines in the hospital.
4. Parents, and children in accordance with their age and/or development, should have access to appropriate information.
5. Every effort should be made to prevent physical or emotional stress in the child patient.
6. Children and their parents have the right to participate in all decisions related to health care.
7. Each child has to be protected from pain in treatment and unnecessary proceedings.
8. In case of being invited to participate in clinical trials or proves, parents have to be informed in detail about the proceeding and, once understood, they should authorize it by written (informed consent). If the child has the capacity to understand, he/she will have to decide if he/she wants to participate in these trials.
9. The child has the right to be in hospital with other children that have the same development needs and, except in cases of extreme necessity, they should not be in the hospital in adult rooms.

10. Children in hospital should be afforded every opportunity and facility appropriate to their age, health conditions and hospital possibilities for play, recreation and the continuation of education.
11. Children have to be looked after by personnel capable of fulfilling the physical and emotional needs of children and their families.
12. The continuity of the treatment and care, both, by the health team and by the familiar group in charge of the child, has to be carried out by all possible means.
13. Children in hospital should be treated at all times with tact and understanding and with respect for their dignity and privacy.

Conclusion

Consistent and effective consideration of children's rights in the development and delivery of health services will not happen by chance. There are many competing interests and more powerful voices than those of children. Rather, it is necessary to introduce systems to ensure that as services are developed, they are scrutinized from the perspective of whether they will promote and protect children's rights. Key points from this Module include the following.

1. Children have the right to life and the best possible health and access to the best possible health care services.
2. It is not enough simply to assume that services are promoting children's health and development, providing them with the best possible health services, and ensuring the best possible health outcomes. It is necessary to scrutinize services to ensure they actually do protect and promote children's rights.
3. Key principles in the Convention can be used as a means of monitoring whether standards are being met for all children.
4. Giving consistent priority to promoting the best interests of children can be helped by introducing and institutionalising systems for raising standards throughout the service delivery system, including training, consultation, budget analysis, and integrated planning of services. Important questions to ask when developing and implementing children's services include, but are not limited to the following.
 - Can all children access services equally?
 - Are services designed for children, or for the interests and convenience of adults?
 - Are children's views sought as a means of improving services?
 - Are children protected from all forms of violence and abuse?

Facilitating a positive response to these questions will help to ensure that the environment in which children are served respects and contributes to their right to the best possible health.

Key reading for Module 4

4.1 Understanding the concept of health

To determine how community health systems can help to implement child rights, we must first determine what “health” implies, and what factors contribute to optimal health?

Often health is perceived as an absence of illness, yet health is much more than this. It can be defined as:

“A state of physical, mental and social well being and not merely the absence of illness. The best health state possible of being achieved, constitutes one of the fundamental rights of all human beings, whatever their ethnic origin, religion, political ideology or social-economical condition is”.

World Health Organization 1948

A child’s health is determined by a multitude of factors in her/his life including socio-economics, culture, access to basic needs and services (water, sewage, food), education level of parents and children, leisure and play activities, care and protection provided by adults, as well as a sense of being valued and increasing opportunities for taking responsibility. To work towards the promotion of ‘healthy’ children, able to achieve their fullest possible health and development, community health systems need to adopt a holistic understanding of child health in the way that they design and deliver their services. In the previous Module, we discussed the ways in which an individual health professional can apply the principles of the Convention to her or his work. In addition, the Convention’s principles and standards have significant implications for the way that health policy and services are developed and implemented. They can be used as a framework within which to develop and monitor health policy at all levels. They also provide a lens through which to evaluate services for children.

4.2 Relevant rights in the Convention

A commitment to promote the best possible health for children is familiar to those who work in the health field. However, the Convention adds a new dimension. The implementation of a rights-based approach to children’s health requires that policies designed to promote children’s health take into account all the rights in the Convention. In other words, the right to health cannot be considered in isolation from other rights. The following rights need to be considered:

a) Health provisions

Articles 6 and 24 of the Convention deal explicitly with health care and together place an obligation to invest in health care services designed to promote children’s health and development to the maximum extent of available resources.

Article 6. The right to life and optimal development places an obligation to provide services to protect all children equally, without discrimination on any grounds. It also

requires the creation of an environment in which children can develop fully. This argues for policies and services to ensure active health promotion.

Article 24. The right to the best possible health and access to health care stresses that governments have a responsibility to ensure that no child is deprived of his/her right to access health care services. More specifically the article states governments should take measures to:

- diminish infant and child mortality;
- provide medical assistance to all children with an emphasis on primary care;
- combat disease and malnutrition;
- ensure pre and post-natal health care;
- provide public health education;
- develop preventive health care through guidance for parents and family planning education;
- prevent traditional practices that are harmful or prejudicial to the child

b) General principles

Article 2 – non-discrimination

Article 3 – best interests

Article 12 – listening to children

c) Other relevant articles

Article 19 – the right to protection from all forms of violence

Article 9 – the right not to be separated from parents

Article 28 – the right to education

Article 29 – the aims of education

Article 31 – the right to play

Article 37 – the right not to be detained arbitrarily

Article 8 - the right to knowledge of identity

Article 37 – the right not to suffer cruel or inhuman treatment

4.3 Developing health services that promote children's rights

Because health professionals are familiar with the concept of promoting the best possible health for children, the articles dealing specifically with health are not dealt with in detail here. The following section explores how the other relevant rights need to be addressed in developing rights respecting community health systems:

General principles

Article 2. Non-discrimination.

Every child has the right to equal respect for all of the rights in the Convention. In practice, it is rare that all children have equal access to health care. Discrimination that excludes groups of children from access to health care happens not only when there is

a direct intent to deny them access. It also happens as an indirect and often unintended consequence of the ways in which health policies and services are delivered, or by virtue of social or cultural attitudes that exclude or discriminate against certain groups of children. Examples include the following.

- **Disabled children²⁰**. A disabled child has no less a right to life than a non-disabled child. The Convention is explicit in recognizing every child has an equal worth. However, in many countries disabled children are not equally valued. In some, they may be allowed to die, or treatment is withheld or withdrawn. Children with Down's syndrome are widely denied access to heart surgery that would enhance their quality of life and extend their life expectancy. These practices are rooted in the belief that impairment reduces the value of a life, and that judgments made by professionals about quality of life should be allowed to influence access to treatment. Health professionals in some countries encourage parents to place disabled children in institutions, arguing that they represent an unacceptable encumbrance better swept out of sight. For most children so placed, the opportunity for fulfillment of their optimal development is unlikely to be realized. They are denied the right to family life, to social inclusion, often to the right to friendship, to play and to education. Rather, what is needed is appropriate health care and social support for families that enables and encourages them to protect the child's right to life and best possible health.
- **Gender**
In general, health policies and systems replicate the gender patterns inherent in society, often failing to identify them as an issue. For instance, many policies and programs for children health are still called maternal-infant health programs, where the underlying presumption is that the mother is responsible for a child's health. This name may prevent men/fathers from attending the programs, consequently decreasing the child's opportunities to the best possible health. In some countries, doctors are predominantly male, making it difficult for girls to seek medical advice in confidence. It is also sometimes the case that girls are given a lower priority in accessing health services. Health services need to take active measures to both recognise discrimination against girls and overcome the problem both in the design and staffing of services and in the provision of education and support to families to ensure that both girls and boys have access to the best possible care.
- **Ethnic minority or indigenous children.**
The way a health service is developed and designed usually reflects the cultural and social values of the majority population. In any given country, the language

²⁰ See also the UN Convention on the Rights of Persons with Disabilities, which includes specific provisions to protect the rights of children with disabilities and the CRC General Comment No.9 on The rights of children with Disabilities, CRC/GC/9, September 2006, www.unhchr.ch. Also Promoting the rights of children with disabilities: A guide to using the Convention on the Rights of Persons with Disabilities, Lansdown G, Save the Children, Stockholm, 2008

used by staff, attitudes toward privacy, the information provided, attitudes toward children, assumptions about parent/child relationships, etc., affect children's access to and the quality of health services they receive. For children and parents in minority communities, the service may feel alien, unacceptable and even hostile. Communicating with professionals who do not speak your language, do not understand your culture or respect your values is likely to be a difficult experience and may lead to reluctance to seek health care. Even when help is sought, its quality may be diminished by poor communication, anxiety and mutual lack of trust. A commitment to respect the equal rights of all children to health care requires that its services are promoted in ways that are culturally relevant and available to all communities.

- **Poor children.** Poor children are likely to have the greatest need for health care, but are often those with the least access to services. They are at greater risk of accidents, more likely to have poor diets, live in damp and unsanitary housing, be working in unsafe conditions, be exposed to violence and illegal drugs, etc. The most immediate barrier to access arises when there are charges for health care. However, other barriers also impede access. Health services are often concentrated in urban areas, making access even more difficult for poor children living in rural communities. Travel to hospitals and clinics, even within cities, can prove too costly and time-consuming for parents with low incomes. Appointments may be during parents' working hours and attendance may necessitate their loss of wages. Poor families may have less access to information, such as the health needs of their children, the importance of vaccinations and the risks of infection. They may also have less access to information about how to promote the health of their children. Health services need to take account of these barriers, if poor children are not to be discriminated against in realizing their best possible health.
- **Adolescents.** Adolescents are most at risk of failing to gain access to appropriate health care. Yet, they are going through a period when they are particularly in need of care. In light of these difficulties, it is important to develop and deliver services in ways that encourage teenagers to feel confident in approaching health professionals. Some barriers to adolescents' access to care are as follows.
 - Health services are often not designed to accommodate the needs of teenagers.
 - Adolescents are often reluctant to talk to doctors because they fear that their parents will be contacted – they want privacy but may not be offered confidential advice and treatment.
 - They are often embarrassed and uncomfortable talking with adults about personal issues.
 - They may fear criticism or moral censure if seeking help with sexual or reproductive health issues.
 - Parents are less likely to be aware of their health needs at this age and therefore less likely to be in a position to encourage them to seek help.

- **Children in institutions.** Children may be living in mental health institutions, children's homes or young offender institutions. Health care services and delivery for these children is often inadequate for a variety of reasons. Among them may be limited access to doctors and other health practitioners, no one to advise children on where to go for help; or no one to take responsibility for and/or identify their health needs. Whenever possible, children should be enabled to use mainstream services provided for all children, rather than treating children within the institutions where they live. Mainstream care is less stigmatizing, more likely to provide children with privacy and respect for confidentiality and more likely to ensure that they obtain services of the same standards as those provided to other children.

In summary, although health services may be provided with the best intention of promoting universal and equal access for all children, significant numbers of children in all societies will be discriminated against in achieving access, unless explicit measures are taken to address the barriers to access imposed by their specific situations.

Suggested actions to ensure non-discriminatory services include, but are not limited to, the following.

- Gather information about the social, economic and ethnic make-up of the local community.
- Analyze use of services in relation to the composition of the community, and identify groups of children who are not using services adequately.
- Consult with parents and children of under-represented groups to determine what they need from the health service.
- Develop and promote clear policies, in consultation with staff as well as with children and parents, on the right of children to privacy, to confidentiality, to consent to treatment, and other critical child rights issues.
- Ensure that services respect the cultural and religious norms of all members of the local community, including the need for women doctors for girls, recognition of the need for privacy, availability of appropriate food, provision of prayer facilities, provision of information in all community languages, availability of interpreters, etc.
- Develop clear policies to ensure that all staff understand and respect the equal right to life of all children whether with or without a disability.
- Explore the possibility of providing services in local communities to ease access for poorer children.
- Plan services to accommodate the routines and constraints of working parents.
- Develop health promotion information directly targeted at poor children and their families.
- Collaborate with authorities responsible for children in institutional care to develop systems to ensure they are able to access services on an equal basis with other children.
- Develop health promotion information considering cultural diversity and adapt it so it is accessible to all minority groups, groups with a low level of literacy, and the specific conditions of people living in poor conditions.

- Provide training for staff on developing non-discriminatory services and to equip them with the knowledge, skills and self-awareness to effectively implement these policies.

Article 3. The obligation to promote the best interests of children.

Article 3 of the Convention states that “*in all actions affecting children, their best interests must be a primary consideration.*” Article 3 does not require that children always be the paramount consideration. However, it does mean that health authorities and professionals must always consider the potential impact of their actions on children and seek to ensure that children’s interests are given serious attention.

What implication does “best interests” have for community health systems? In practice, it means that services must:

1. be developed and organized for the benefit of the child rather than for the convenience of providers and administrators;
2. provide education/training to students and practitioners to ensure they understand the rights of children; and,
3. ensure that the essential needs and developmental potentials of the child, the present and future quality of life of the child, are always consciously considered.

Some “best interest” questions to consider when evaluating your practices and policies.

- **Does the child see a health care provider familiar to him/her?** It is generally in children’s best interest to see the same provider each time they seek care. Care from multiple providers limits the capacity to build trust and confidence between providers and children and their families, and limits the clinical benefits gained through continuity of care.
- **Do appointment protocols consider and respect the needs of children,** for whom waiting may be stressful, boring and disruptive of their education, or are they designed to suit the convenience of professionals?
- **Is there a fee for health services?** In countries that have charges for health care, there is evidence that access to services is reduced significantly for children living in poverty, especially for girls and children with disabilities. Such policies do NOT support the best interests of children. This is an important issue to consider, especially since there is growing evidence that charging for health services has not increased the total resources available for basic social services.
- **What is the timing of meals, visiting arrangements and the general organization of hospital wards?** Are they organized for administrative convenience or efficiency or to promote the best interests of children?
- **Do expenditures on health care services for children reflect both the assessed levels of need, as well as children’s numerical representation within local populations?** Decisions about whether to invest in primary or tertiary care services should reflect what would best promote children’s health and well-being.

When evaluating your policies and practices, it is important to remember that Article 3 applies to both individual children and to populations or groups of children. It is possible tensions may arise between the two.

For example:

- An expensive drug treatment may be in the interests of an individual child, but may limit investment in low cost treatments to improve the health of a greater number of children, and
- Comprehensive vaccination programs improve the life chances of a population of children, but may result in a negative reaction for an individual child for whom withdrawal from the program would have been in her/his best interests.

Article 12. Listen to children and take their views seriously.

As discussed in Module 3, the principle that children have the right to be listened to and taken seriously is central to the Convention on the Rights of the Child. However, the principle does not just apply to individual children. Equally important is the need to consult with groups of children and young people in the determination of which services are needed, the development of health services, and how programs operate.

Listening to children is not just the right thing to do in principle, but it is one of the most effective means of ensuring that children's right to their best possible health is fulfilled. In order to provide services that promote the best interests of children, it is essential to consult and listen to them. They have an important perspective to contribute to the development of effective services. Children's participation will:

- Raise awareness about the key concerns they experience,
- Identify the difficulties they experience in accessing health care,
- Increase understanding of children's needs for health information,
- Help to develop accessible and child-friendly services,
- Promote greater sensitivity by health professionals to how children's services should be delivered,
- Increase access to and use of services,
- Increase the child's investment in treatment, and
- Improve the health standards of children

There are many ways you can consult with children to discuss their health care needs, find out what they think is available, what they would like to be available, what services they use and why, barriers to using services, and their information needs. The preferred methods depend on whether your purpose is to evaluate existing services or you are trying to identify young people's unmet health care needs. You can, for example:

- Collaborate with local schools and schedule meetings with children in school,
- Organize a conference and invite young people to participate,
- Develop an evaluation forum with children in the hospital for children using hospital services,
- Design a questionnaire to be circulated to all local schools,

- Ask a local children's NGO to schedule a consultation with children in the locality, and/or
- Establish a young people's forum to provide feedback on their experiences with your services and develop protocols for future improvements.

Other specific rights.

The Convention contains many other rights which need to be addressed in developing community health systems which are designed to promote the optimal health and development of children.

- **The right to protection from all forms of violence and sexual abuse.** Codes of practice must ensure that staff do not hit, abuse or hurt children in any way, as well as an obligation to take action to protect children they suspect of being abused or hurt by their caregivers.
- **The right not to be separated from parents.** Every effort must be made to enable hospitalised children to maintain contact with their parents, and children should not be institutionalised and denied their right to family life as a result of either physical or intellectual disability.
- **The right to education and play.** Children in the hospital have the same right to education and to play as other children, and all efforts must be made to provide opportunities for children to maintain their education and to be able to play.
- **The right to protection from arbitrary detention.** Children should not be forcibly detained in mental health institutions unless doing so is absolutely necessary for their protection and safety, or the protection and safety of others. When it is necessary, there must be effective safeguards, time limits and rights of appeal.
- **The right to knowledge of identity.** Children born through assisted reproductive techniques have the right to know their biological parents.

- **The right not to suffer cruel or inhuman treatment or punishment.** While some treatments are inevitably painful, children should never be subjected to unnecessary pain and should always be provided with the most effective analgesics. They should never be exposed to treatment that is humiliating and/or unnecessarily invasive of their privacy.
- **The right to support for full development of personality, talents and mental and physical abilities, and preparation for responsible life in a free society.** Health services interventions and manner in which they are applied should promote both the immediate and long term well-being of the child, including the child's full health development. Toward these goals, health service providers can be effective models, contributors and educators of the child, parents, community and society.

4.4 Strategies to improve children's rights in community health systems

Below you will find some strategies to achieve change, and although it is not a complete list, it should serve as a starting point. Remember, though, that the way in which child rights are realized in one context will differ from another and it is important to draw on the strengths and capacities of children and their communities to devise solutions that fit the reality of their everyday lives.

- Formally 'adopt' the Convention on the Rights of the Child as a framework for developing policies and practice.
- Develop systems for consulting with children and young people.
- Work with staff, parents and children to develop a Child's Charter that establishes what children are entitled to, expect, and need, when receiving care in your facility.
- Develop systems to analyze if, and in what capacity, health services expenditures benefit children and whether they reflect assessed levels of need.
- Establish effective cross-departmental planning to ensure consistency and comprehensiveness in the development of services for and influences on children. Examples: Ensure that adolescents' rights are not compromised by transferring them between child and adult health systems. Develop contracts between health and education services to ensure effective provision of services to disabled children.
- Provide training for all relevant staff on children's rights and the implications of the UN Convention on Rights of the Child.
- Encourage the appointment of an independent children's commissioner or ombudsman, who can monitor how effectively children's rights to health is being protected



Optional Handouts



Module Four

Respecting children's rights in community health systems

Children's Rights to the Best Possible Health

Key articles related to health

- **Article 6.** The right to life and optimal development.
- **Article 24.** The right to the best possible health and access to health care.

General principles

- **Article 2.** Non-discrimination. Every child has the right to equal respect for all the rights contained in the Convention.
- **Article 3.** The obligation to promote the best interests of children: in all actions affecting children their best interests must be a primary consideration.
- **Article 12.** Listening to children and taking them seriously.

Other specific rights

The Convention contains many other rights that, if respected, will result in better health and development for children, including:

- **Article 19.** The right to protection from all forms of violence and sexual abuse
- **Article 9.** The right not to be separated from parents
- **Articles 28, 29, and 31.** The right to education, full development, and play
- **Article 37.** The right not to suffer cruel or inhuman treatment or punishment and to protection from arbitrary detention
- **Article 9.** The right to knowledge of identity

HANDOUT 4.2

Working towards rights respecting community health systems

- Formally 'adopt' the Convention on the Rights of the Child as a framework for developing policies and practice.
- Develop systems for consulting with children and young people.
- Work with staff, parents and children in developing a Child's Charter that establishes what children are entitled to expect when they need and receive care in your facility.
- Develop systems for analyzing how much of health services expenditures benefits children and whether it reflects their assessed levels of need.
- Establish effective cross-departmental planning to ensure consistency and comprehensiveness in the development of services for and influencing children. For example, by ensuring that adolescents are not compromised by transferring between children's and adult health systems, and by developing contact between health and education services to ensure effective provision of services to disabled children.
- Provide training for all relevant staff on children's rights and the implications of the Convention on the Rights of the Child.
- Encourage the appointment of an independent children's commissioner or ombudsman who can monitor how effectively children's rights to health is being protected.

Handout 4.3

Key lessons from Module 4

Children have the right to life and the best possible health and access to the best possible health care services.

It is necessary to scrutinize services to ensure they actually do protect and promote children's rights.

Key principles in the Convention can be used as a means of monitoring whether standards are being met for all children.

Giving consistent priority to promoting the best interests of children can be helped by introducing and institutionalizing systems for raising standards throughout the service delivery system.

Important questions to ask when developing and implementing children's services include, but are not limited to the following.

- Can all children access services equally?
- Are services designed for children, or for adults' interest and convenience?
- Are children's views sought as a means of improving services?
- Are children protected from all forms of violence and abuse?

Module 5

The Health Professional as a Child Rights Advocate: Influencing Systems to Respect Child Rights

CRED-PRO Child Rights Curriculum for Health Professionals

Developed and modified from the original curriculum of the American Academy of Pediatrics and the Royal College of Paediatrics and Child Health to include lessons learned in its application



Module 5

The Health Professional as a Child Rights Advocate: Influencing Systems to Respect Child Rights

Learning Objectives:

1. To identify and understand advocacy and the health professional's role as an advocate within and across the social ecology systems;
2. To identify and understand critical social determinants influencing child health and development;
3. To identify and understand the positive and potentially detrimental effects of common practices and public policies on the rights of children to optimal health and development and other rights outlined in the Convention;
4. To understand how to influence change across the social ecology model to help improve the lived reality of children; and,

Content of Module 5

Modules 1-4 examined the concept of child rights and identified how to realize and respect child rights within individual practices and the community health system. This knowledge and capacity can translate into positive change for children, bringing about change within families, communities, schools, governments, cultures, and the greater society. However, much of the damage to children's development and the ill health they experience lies outside the scope of community health systems. The causes rest in the political, social, economic and cultural environment in which children live. Health professionals also have responsibilities to use their expertise to influence these wider determinants

This final child rights module begins examining the concept of advocacy, and highlights the potential role for health professionals in advocating for child rights within and across the systems and environments that surround and influence children. It also examines the factors and environments (e.g., social, economic, physical, cultural) that can affect the full realization of child rights, and considers methods and strategies to change the way systems interact and operate to support children. The module challenges us to think outside the traditional delineations of systems and services, and to consider how services can be coupled and changed across the societal systems and public policies to ensure all children can exercise their rights and that they are respected and supported in this process.

Activities and discussion

Activity 5.1

In this Activity, learners will be asked to identify an aspect of public policy that has a detrimental impact on children's optimal health. Next, they will develop a strategy for advocating for the necessary changes to legislation, policy, practice and/or resources in order to better ensure the rights of children. They can use Handout 5.1 as a trigger to thinking about possible public policy issues to discuss.

Activity 5.1 **Advocating for Changes in Public Policy and Practice**

Objective

To understand better the social determinants of child morbidity and mortality and the role of health professionals in taking action to address them

Instructions

Choose an aspect of legislation, public policy, or issue that you feel is having a particularly harmful impact on children's rights to the best possible health in your community or country. It may be one of those listed on Table 1, or it may be something of particular interest to you and those in your community.

Now consider the following questions:

1. Which child rights are being breached by the policy that you selected, and why is it important to address them?
2. What changes would be necessary in order to protect children's rights to health more effectively?
3. What family or community values and strengths could you draw on to ensure greater protection for children's rights?
4. To what extent are changes needed related to health policy and practice and to what extent do they need wider reform?
5. Do you think that health professionals have a role to play in seeking change on this issue? Why or why not? What unique contribution can you make as a result of your direct action (or involvement)?
6. How might you develop a strategy to highlight your concerns and seek to achieve the changes necessary to protect children's health?
7. How might you involve children themselves in such a strategy?

Discussion

Ultimately, it will be necessary to begin advocating for children if you are to have an impact on public policies affecting the families you serve. Advocacy can occur in the context of direct patient care, or it can happen on the local, state and/or national levels to effect changes that will impact many families in many parts of the country or world. Handout 2 provides a framework for child advocacy that provides a continuum of possible advocacy strategies to be considered.

Activity 5.2

Having begun to explore what needs to be done, this activity provides two options both of which help apply learning into practical action

Activity 5.2: Advocating for the Rights of Children

Objective:

- To develop skills in communicating advocacy messages on children's rights

Instructions:

Either:

- 1 You and your team have just been allocated a 2- minute national radio/television spot to talk about an issue of choice and how it affects the health and development of children. This is your opportunity to gather support, present a strategy and help institute change. Prepare your commercial spot with this in mind and present to the group.

Or

- 2 Develop a 10 minute presentation to local politicians to make the case for an improvement to your locality to ensure greater respect for children's rights. For example:
 - Setting up a local children's council
 - Challenging a new development which will increase traffic and pollution and reduce safe play opportunities
 - Promoting the local area as one promoting Zero Tolerance of Violence against Children
 - Other?

Conclusion

A significant percentage of children in all societies are denied the right to optimal health and development, resulting either from public policies that directly or indirectly influence their lives, or a lack of action to provide healthy and safe environments for children. Thus health care practitioners can play a pivotal role as advocates to promote respect and realization for children's rights. It is therefore important to remember the following:

- Children's rights to the best possible health cannot be fulfilled simply through the provision of effective health care services. The social, psychological, economic and physical environments where they live can and do have powerful influences on their well-being.
- Children lack the democratic rights and power that adults can use to protect their rights. Accordingly, they need adults willing to act as advocates on their behalf.
- Health professionals have insight and experience with children's lives and how their right to the best possible health is affected by their environments, as well as how the actions and inactions of governments contribute to the failure to protect children's rights to health.
- When health professionals advocate as individuals and together as a body, and collaborate with communities, they can tackle the barriers to children's rights to the best possible health, rather than simply treating the consequences on a daily basis in their clinics, health centers and hospitals.
- Children are powerful allies. By working together with children, health practitioners will ensure that the change they are advocating for truly addresses children's needs and they will be able to have a much stronger voice.
- Changes in the realization and protection of children's rights need to occur in clinical practice, the delivery systems for health care services AND in public policy, if the optimal health and development of all children are to be protected and promoted effectively.

Key reading for Module 5

5.1 Understanding the concept of advocacy

Adults in positions of professional responsibility have a duty to help educate others about child rights and foster sustainable change for children. One key strategy for achieving such change is through advocacy.

Advocacy can be defined as:

1. The act of pleading or arguing in favor of something, such as a cause, idea, or policy; active support
2. The pursuit of influencing outcomes – including public policy and resource allocation decisions within political, economic, and social systems and institutions – that directly affect people's lives
3. Taking a stand with, and on behalf of, someone who struggles to stand and speak in ways that enable them to be heard.
4. Problem solving designed to protect personal and legal rights, and to insure a dignified existence.

The common aims of advocacy include:

- Increase control over the realization of rights
- Overcome barriers that restrict opportunities
- Ensure appropriate societal and service delivery responses
- Protect human rights
- Ensure a better quality of life
- Be responsive to and emphasize individual needs and wishes
- Be oriented towards outcomes for all children, cognizant of their culture, context, and developmental and evolving capacities
- Empowerment of disadvantaged individuals and groups
- Challenge stereotypes and stigma

Advocacy comes in many types and forms, and can target all levels of the social ecology to effect change including individuals, parents, health professionals and professionals from other disciplines, community leaders, schools, religious and cultural entities, service providers, legislators, and local, regional, and national governments. Furthermore advocacy has no prescribed or clearly determined method, it can occur through a variety of mediums e.g., radio, newspapers, magazines, discussions, and posters. The understanding and implementation of advocacy will differ from circumstance to circumstance and according to the skills and needs of the individual or group.

5.2 The role of the advocate

Health practitioners can play an important advocacy role in partnership with children and on their behalf. An advocate can be described as someone who:

- Talks with children, their families and communities to learn about what is working for them, the issues or problems that affect their reality, and opportunities for change
- Educates children, families and communities about child rights and the need to support and encourage the realization of these rights for all children
- Helps ensure the voices of children in their communities are heard, and their rights upheld
- Represents a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld

It is important to note that the advocacy landscape is wide and provides many opportunities to apply new and innovative techniques and strategies to help change the situation for children. Advocacy is also challenging and takes both time and effort. Truly effective advocacy involves getting to the heart of the issue and looking at the root causes to devise strategies and appropriate solutions. The outcomes of advocacy can be far reaching.

5.3 Why advocate for and with children?

Throughout modules 1-4 we highlighted the inherent capacity and agency of children to influence decisions about them, yet we also emphasized that children need support from adults to articulate their views. Often children are relatively powerless in advocating for the protection of their rights, as they lack access to the appropriate channels that influence public agendas and debates. Children:

- Cannot vote
- Rarely have access to the courts
- Are not members of trade unions or professional associations
- Have little or no access to the media
- Do not have powerful lobbies acting on their behalf to counter the well-resourced and sophisticated corporate and special interest lobbies that increasingly influence governments

It is important that adults, who are informed about the situation of children and are committed to promoting greater respect for their rights, are willing to become advocates for children. In so doing, it is also important that they work in partnership with children, wherever possible, to engage them as active advocate on their own behalf.

5.4 Advocating for child rights in practice

Social determinants affecting children's health and development

To understand the range of possibilities for child rights advocacy, the following section considers some of the key determinants influencing the healthy development and well-being of children, although it is far from exhaustive:

- **Child poverty** has a profound effect on children's physical, psychological (mental and emotional) well-being. Inadequate diets, overcrowding, poor housing, child

labour all contribute to ill health and their impact can extend well beyond childhood to impair long-term life chances.

- **Environmental pollution** is damaging the health and future well-being of millions of children, through toxic emissions, widespread use of chemical pesticides, lead in homes, global warming, and other conditions.
- **Fashion industry and sport media** encourage increasing numbers of young girls and boys to aspire to images of thinness or muscularity portrayed by models, actors/actresses and athletes, resulting in a significant rise in the incidence of bulimia and anorexia, and the use of steroids.
- **Childhood accidents** are increased and made more harmful by road users given priority over pedestrians, failure to invest in road safety programs, the use of unsafe equipment, open fires and lack of attention to safety in design of public spaces.
- **Advertising** influences the decisions children make which affect health and development. Junk food advertising leads to a greater incidence of obesity, diabetes and other chronic diseases; alcohol and tobacco advertising leads to an increase in the use of these harmful products; advertising for games, movies and technology may lead to a more tolerant environment for antisocial behaviours, sex, and violence, and the explicit portrayal of sexual and violent images may also negatively affect children's psycho-social and psycho-sexual development.
- **Violence.** Children continue to be subject to high rates of violence, abuse and neglect at home, school, the community, work and institutions at the hand of caregivers, parents, other adults, and peers who have been subject to such conditions. Physical punishment remains legal or culturally sanctioned (in most countries) despite the growing body of evidence of its harmful impact on children, and psychological abuse and neglect (e.g., terrorizing, hostile rejection, isolating, corrupting, and unresponsiveness) are also very prevalent, leading to distortions of development, thinking, behavior and social relations.
- **Discriminatory laws and practices** can cause profound damage to children's health and well being increasing the likelihood of mental illness, low self-esteem and depression, as well as poorer physical health.

In these and many other ways, governments' public policies, or the lack of them, influence the extent to which the right to health and development is protected and promoted within a society. Too often, the best interests of children are subjugated to other, more powerful or influential interests. Health professionals deal daily with the consequences of the failure to respect the rights of children to the best possible health, to an adequate standard of living, to a safe and healthy environment and to life itself. More than any other professionals, those in the field of health can bear witness to the detrimental impact of public policy on the lives of children. Through the treatment of individual children, they can document the cumulative consequences of social and environmental factors that are harmful to children's well being. This documentation

provides the evidence needed for professionals to advocate for the changes that can prevent harm to children, rather than simply for them to intervene and treat after the harm has occurred.

Determining priorities to advocate for change

There are many ways health professionals can use their expertise and knowledge of what happens to children as a consequence of public policy. The issues of primary concern vary across localities within countries and from country to country, but there are invariably more issues than there are time and resources available to commit.

When determining priorities for change, it is important to consider:

- **The scale and degree of harm.** How many children are affected and with what degree of severity? Does it address all children or a selected few? What about children who are marginalized or suffer discrimination? How is it influencing child development? Which rights are not being respected?
- **The degree of urgency.** Is it an issue that should be addressed urgently to keep a greater number of children from being affected?
- **The potential for enlisting support across the social ecology model.** A campaign is more likely to be successful if you can attract others to support the cause. Who is already on board, and who needs to be educated and/or convinced?
- **The public sensitivity expressed for the issue.** If the issue has attracted media attention or public interest, you can capitalize on this heightened sensitivity to promote the case from a children's rights perspective.
- **The level of intervention.** Does the issue acquire intervention across the levels of the social ecology or can it be targeted for one individual, one system, or multiple levels of the social ecology?
- **The current political environment.** You can take advantage of windows of opportunity. Examples would include: a) when a relevant bill is passing a legislative body that can be amended to introduce better protections for children; or, b) a general election wherein you can lobby political parties or candidates to take your concerns or issues seriously.
- **Cultural and Religious Context.** What are the cultural and religious views? Is the issue aligned with cultural or religious norms or standards?
- **The scope of what needs to be accomplished.** What needs to be done and what resources will it require? Is it simply making a phone call, or a large scale campaign spanning across systems?
- **The level of resistance.** Who is disinterested or in opposition? Why? How can their perceptions be changed?

- **The likelihood of success.** It may be a better investment of time to focus on policy issues that are attainable in the short-term, as well as other more challenging long-term goals.

Above all, the first task in advocating for improvements in children's rights to optimal health and development is to identify what changes will be necessary, and at what levels and systems within and across the social ecology model. Does change require a shift in attitudes? A change in policy? New or amended legislation? A complete overhaul of the way a system interacts and operates? All of the above? You need to consider whether change can be achieved locally or does it require state or national reform? For example, the introduction of a safe route to school strategy to reduce traffic accidents and promote children's opportunity for physical exercise can be lobbied for locally. A change in the law to limit the rights of parents to hit their children would require a state or national campaign and legal reform. The introduction of stricter controls on advertising of junk food during children's television viewing times would require a national campaign and legal reform.

5.5 Practical strategies for advocating for children's rights

Below are some ideas for advocacy for children's rights. It is important to remember there is a multitude of approaches, and each strategy will vary from context to context and from issue to issue. The key factor is to recognize that the child rights landscape requires reshaping. You can help to advocate for the realization of child rights in your own practice, the systems in which you work, your community, culture and across systems.

- Gather evidence from other practitioners in the field and from children themselves on the extent and nature of the problem.
- Commission and undertake specific research into the issue.
- Publish articles, both in professional journals and also the popular media, highlighting the impact of a particular public policy on children's well being.
- Seek other partners to press for change— for example, NGOs, UN agencies, professional bodies, politicians, and journalists.
- Organize conferences to gather experts to share and exchange evidence and strategies for achieving change.
- Look for evidence of how comparable issues are addressed in different localities, regions and nations.
- Lobby government and parliamentarians to introduce the changes necessary to protect children's well being, using the evidence you have gathered from all sources.

- Identify pending legislation into which changes can be introduced to achieve the improvements being sought.
- Issue press releases whenever an opportunity arises to link your issue of concern to a topical news item.
- Highlight how the government is failing to comply with its obligations under international law to protect the rights of children.

Above all, talk to children about their experiences and the issues that concern them, and remember to talk to children from a variety of backgrounds, cultures and contexts as their views differ considerably depending on their lived realities. This will help ensure you are advocating for actions that improve the health and well-being of all children, rather than further discriminating or marginalizing. Furthermore, children are the experts in their own lives, and are best positioned to convey how their lives are being affected and to identify and validate potential solutions. If children can be directly involved, quote them directly to ensure their voices are heard and their opinions considered.



Optional Handouts



Module Five

The Health Professional as Advocate

HANDOUT 5.1

Examples of the impact of public policy on children's rights to the best possible health

- **Child poverty** has a profound impact on children's physical and psychological (i.e., mental, emotional and volitional) well-being
- **Childhood accidents** can be exacerbated by the priority given to road users over pedestrians, by failure to invest in road safety programs and lack of attention to safety in design of public spaces.
- **Environmental pollution** is damaging the health of millions of children, for example, through global warming, toxic emissions widespread use of chemical pesticides, lead in homes, etc.
- **The fashion industry** is encouraging increasing numbers of young girls to aspire to images of thinness that cannot be attained while eating a normal diet, resulting in a significant rise in the incidence of bulimia and anorexia.
- **Food advertising** targeted at children encourages a desire for foods that are high in fat, sugar and salt, leading to a greater incidence of obesity and other chronic diseases.
- **Violence.** Children in many countries in the world are the only group of people not protected by law from all forms of violence. Physical punishment remains legal in all but a handful of countries and is widely used and tolerated despite the growing body of evidence of its harmful impact on children.
- **Discriminatory laws and practices** can and do cause profound damage to children's health and well being increasing the likelihood of mental illness, low self-esteem and depression, as well as poorer physical health.

HANDOUT 5.2

Strategies for advocating children's rights

- Gather evidence from other practitioners in the field and from children themselves on the extent and nature of the problem.
- Commission and undertake specific research into the issue.
- Publish articles, both in professional journals and also the popular media, highlighting the impact of a particular public policy on children's well being.
- Seek other partners to press for change—NGOs, UN agencies, professional bodies, politicians, journalists, etc.
- Organise conferences to gather experts together to share and exchange evidence and strategies for achieving change.
- Look internationally for evidence of how comparable issues are addressed.
- Lobby government and parliamentarians to introduce the changes necessary to protect children's well-being, using the evidence you have gathered from all sources.
- Identify possible legislation into which changes could be introduced to achieve the improvements being sought.
- Issue press releases whenever an opportunity arises to link your issue of concern to a topical news item.
- Highlight how the government is failing to comply with its obligations under international law to protect the rights of children.
- Gather evidence from children on their experience of the issue of concern—involve them in conferences, articles, use direct quotes from their experience, etc.

Handout 5.3

Key Lessons to be Drawn from Session Five

- Children's rights to the best possible health cannot be fulfilled simply through the provision of effective health care services—the social, economic and physical environments in which they live can and do have a powerful influence on their well-being.
- Children lack the democratic rights available to adults with which to fight to protect their rights--accordingly they need adults willing to act as advocates on their behalf.
- Health professionals have a unique experience of how children's lives and their right to the best possible health are affected by their environment, and how the actions and inactions of governments contribute to the failure to protect their right to health.
- By advocating as a body, health professionals can tackle the barriers to children's rights to the best possible health, rather than simply treating the consequences.
- Children themselves have a contribution to make to their own protection alongside adult advocates.
- A greater recognition of children's rights in individual professional practice, the delivery of health services and public policy are needed if the optimal development and well-being of all children are to be protected and promoted.